

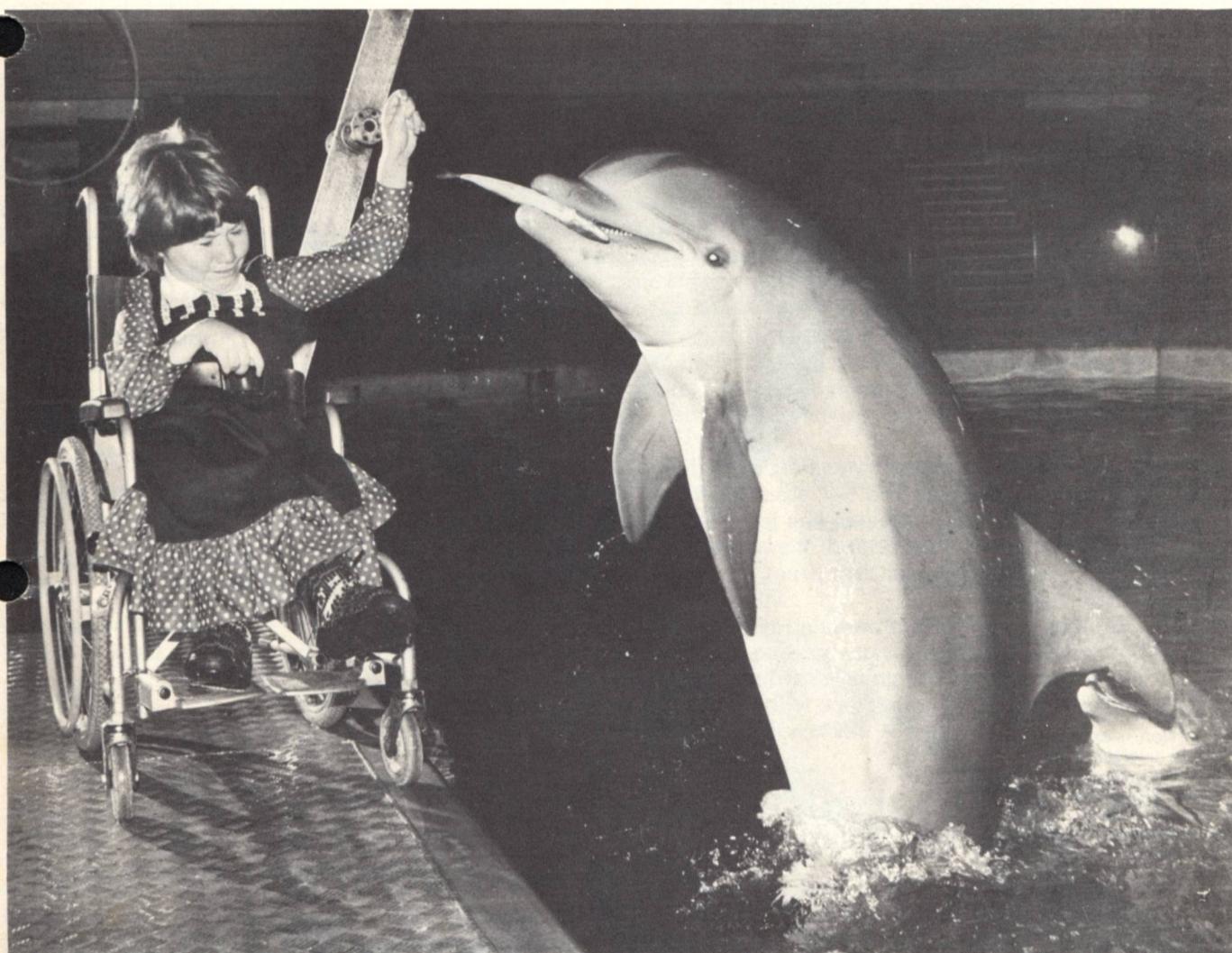


LINK

Association for Spina Bifida and Hydrocephalus/ASBAH 20p March/April 82

With this issue . . . a special supplement

Lives in Question



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Lives in Question

THIS EDITION of LINK carries a special supplement called "Lives in Question". It appears following widespread public debate over the desirability of prolonging the life of severely disabled, newly-born babies. This debate has been fuelled, of course, by the publicity given to the case of Dr Arthur. However, the controversy has been simmering for years and touches on a large number of complex but fundamental medical and moral issues. "Lives in Question" is an attempt to ventilate and clarify these issues. It is NOT a statement of ASBAH's position. Nevertheless, anyone involved in the work of our association is bound to find it compelling reading.

The members of ASBAH's staff often find it difficult to shun friends' questions about the current public controversy. Many of those whom we work for owe their lives to surgical intervention in the first few weeks of their existence. In consequence, people readily assume that we have a view on whether or not surgical intervention should be selective. However, if—as individuals—we do have a view, it is our duty to insist that this view is our own and not ASBAH's. For, on the vexed question of selection, ASBAH is firmly neutral.

As the Swedes and the Swiss will tell you, staying neutral is not always easy. Sooner or later, both sides are likely to be offended by your impartiality. However, ASBAH's neutrality is a natural consequence of the association's origins. We started as a web of mutual support groups, run largely by the parents of spina bifida children. In the nature of things, all of these parents could not be expected to share the same view on the vital issues now being so hotly debated by the public. What they did share was a concern to aid each other in securing the best possible futures for their children.

Today, of course, ASBAH is a larger and more highly structured body than in its early years and the range of our activities has expanded accordingly. At the same time, a shift is discernible in the attitude to selection of both the public and of much of the medical profession. It is reasonable to ask whether ASBAH's neutrality remains valid in today's changed circumstances. In my view, it does! We are still responsible to people who hold a wide range of ethical views and we must be in a position to give disinterested help and advice to all those who look to us for support.

Nevertheless, our neutrality over so highly-charged an issue should not lead to an uncaring or timorous silence. We owe our members support and advice on all the many practical and immediate problems that they face daily. Equally, however, we owe it to our members to keep them informed on ethical debates which touch their lives even more surely than they touch those of the general public.

We should not seek to shape their opinions, but we should seek the clarification of issues. This is the purpose served by "Lives in Question", which presents the views of some of the leading protagonists in the selection controversy alongside those of some spina bifida parents. In my view, the supplement serves its purpose well.

Ian Morrison

Assistant Director of Appeals for ASBAH,
who is also a journalist

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FRONT COVER: Rosemary Mulqueen from Bradford celebrating her 13th birthday in fine style with a visit to Brighton Dolphinarium, where she got on famously with the star of the show, Baby.

Rosemary was given a week's holiday in the town thanks to the organisers of Brighton and Hove Appeal for IYDP. Her photograph had been chosen to illustrate a fund-raising leaflet for the Appeal, and when Rosemary heard of this, she wrote and asked if there was any other way she could help the appeal, which was to raise money for an adventure playground for disabled children. The organisers were so touched by her letter that she was invited to the town with her mother and sister.

Photos: Ronald Fortune, Brighton and Hove Gazette and Herald.

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Nichola goes for a paddle

Nichola Greensit, 13, enjoying a paddle in a Scottish loch, while on holiday in Scotland last year. The Greensit family live in Ripon in North Yorkshire.



Trudi Bush, of Lower Kingswood in Surrey, talking with King Constantine of the Hellenes after receiving a Duke of Edinburgh Bronze Award. She was one of 166 South East Surrey youngsters who were presented with awards at a ceremony marking the 25th anniversary of the scheme.

Photo: Surrey & S. London Newspapers.

Teenager Avril's crowning glory

Avril Searle, 15, being crowned Wellington Charity Queen by the Mayor of Taunton Deane. Avril who belongs to Somerset association earned her title by raising over £400 for local charities by selling 5p vote tickets. Also in the picture are Avril's attendants, Christine Derrick and Andrea Norman.

Photo: Beason News Pictures.



Webb Nets £1,000!

SINCE discovering a year ago that he had spina bifida, international hairdresser, Graham Webb—who lives near Tunbridge Wells, Kent—has raised more than £1,000 to help ASBAH, both nationally and locally. Recently members of Speldhurst Round Table, of which Graham is a member, raised £500 by carol singing. This was presented to Mrs Jan Walton, treasurer of Kent local association and will help to buy furnishings for the association's holiday chalet at Greatstone.

Electrokart opens up whole new world for Julian

ONE OF 'the gang' now—12-year-old Julian Norman of Langley Heath in Kent, with his new Electrokart which has given him greater independence and freedom of movement.

The Electrokart was produced by the young people in Target Training Workshop Company in Bow, East London, which is one of the training workshops operating under the Youth Opportunities Programme of the Manpower Services Commission.

It was bought by Julian's mother, who said. "Since having the Electrokart he's never had so many friends. He has had the outside world opened for him. It's really smashing for us to watch him out and playing with friends as one of the gang".



What the Act is all about

THE DISABLED Persons Act, 1981, came into force on October 27 last year. If anyone is confused about what this Act is all about, summaries are available, price 10p, from RADAR, 25 Mortimer Street, London W1N 8AB.

NAIDEX is set for October

THE NATIONAL Aids for Disabled Exhibition (NAIDEX) is planned this year from October 13-15 at the Cunard International Hotel in London. The Conference which takes place at the same time as the Exhibition will consist of a series of one-day seminars. Topics so far chosen include Incontinence, Integrated Travel and Exchange, and Housing and Related Care Services.

Full details of the Conference will be available in April, from The Conference Officer, RADAR, 25 Mortimer St, London W1N 8AB.

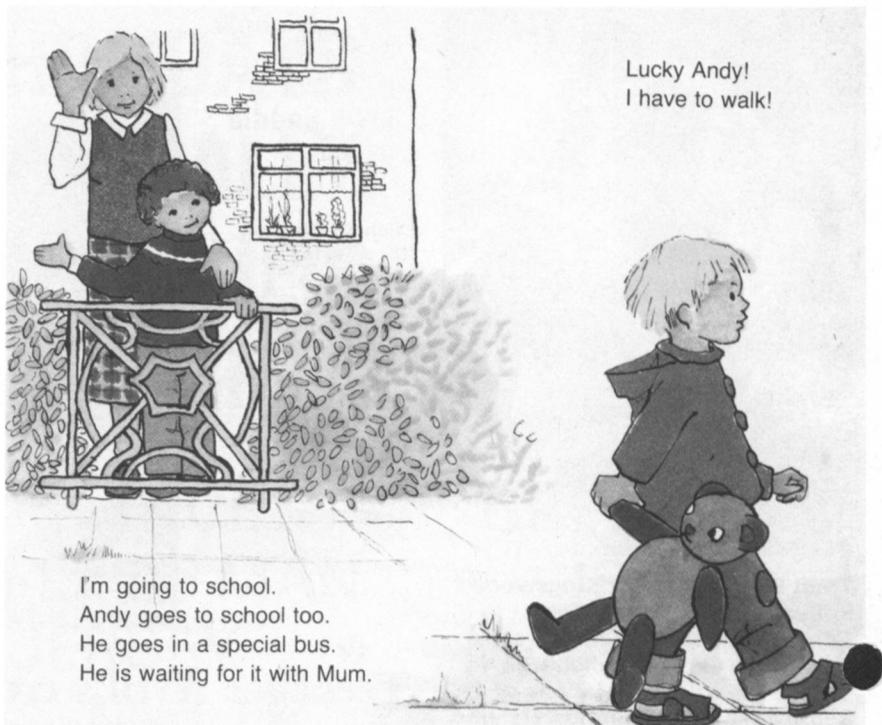
Artsline has the answers

ARTSLINE is a unique new telephone service giving advice and information to the disabled on every facet of the arts.

The number is 01-625 5666, and it operates on Tuesdays, Wednesdays, Thursdays and Fridays from 12-4 pm and on Saturdays from 10 am-2 pm.

For several months, two researchers, Enid Church and Susan Beattie (who is herself confined to a wheelchair), have been building up a bank of information.

The service will be able to give a wide range of information from which museums and art galleries are accessible to where training in the arts world is to be found for those needing special provision. It has been financed initially by Capital Radio and is modelled on their successful Helpline, the confidential telephone advice and information service.



All this fuss about Andy

FROM A delightful new book for young children, "All this fuss about Andy", Benjamin Books, 30p.

THIS STORY is told by the brother of a handicapped child. He talks about his problems and feelings at having a brother who takes up so much of his parents' time.

The story also tries to put across to young children the realisation that the handicapped are not beings of a different order, but have ordinary families like their own. It is illustrated throughout in a simple and colourful way, like the example above, and the text is easy and clear, ideal for children of about 3-6 years.

For details of more books see page 17.

Death Grant Bill fails but campaign goes on

ASBAH has been delighted by the response from members all over the country who have written to Ernie Ross, MP for Dundee, in support of his Bill to have the Death Grant updated.

While many organisations supporting the Bill were representing the elderly, ASBAH was one of the few putting the case for parents of babies and young children.

Unfortunately, the Bill was talked out and failed to get through the Second Reading.

However, your support is still needed, and it would do no harm to voice your concern to your MP.

ASBAH is still actively involved in supporting the Bill and is waiting to see what the Dignity in Death Alliance plans to do.

Holidays around the corner

Holidays for the Physically Handicapped 1982.

THE latest issue of RADAR's annual guide is now available from main branches of W. H. Smith & Son for £1.

Self Help with Spina Bifida

WAIST belts with 'pockets' on them—usually used as money belts—are all the fashion. But they can be extremely useful for carrying spare pads.

There is a nylon one on the market with a large zipped pocket which can hold a spare pad and give just the security needed should an 'accident' happen. An emergency pad for a social occasion can be carried and not be visible under clothing.

This handy hint came from 'Self Help with Spina Bifida' (See books p.17).

Sir Christopher Aston, KCVO, JP.

IT WAS with great sadness that ASBAH learnt of the death, at the end of January, of Sir Christopher Aston KCVO, JP. Chairman of the IYDP Committee for England. Sir Christopher learnt that he had cancer in the Autumn of 1980, but carried on as an active and busy Chairman for the Year.

He died on the morning of the first meeting of the Snowdon Council, set up at his instigation. The Council, made up of members of leading organisations concerned with the

disabled, including Miss Moyna Gilbertson of ASBAH, will spearhead a 10-year-plan to carry on and extend the work started in IYDP. The Earl of Snowdon is President of the Council.

Sir Christopher will be greatly missed. As The Times Newspaper so ably put it: "His immense courage and positive planning could be regarded as a symbol of the spirit shown every year by many thousands of handicapped people".

Castle Priory courses

THREE courses being run this Spring at the Spastics Society training college, Castle Priory, may be of interest to LINK readers.

They are: 'Advocacy and Befriending' (23-25 April). The future role of volunteers and

voluntary organisations—open to anyone. 'Further Education for Severely Handicapped Young People (4-7 May). Consideration of educational opportunities for mentally or multiply-handicapped young people—open to all staff. 'Working with Profoundly Handicapped Children' (24-28

May); for any staff whose work involves the day-to-day care of teaching of the most profoundly handicapped children.

Further details from: Castle Priory College, Thames Street, Wallingford, Oxon. OX10 0HE, (0491 37551).

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Prevention of Spina Bifida: more optimism, less caution.

by R. W. Smithells

THE JULY/August 1980 issue of LINK carried an article on the work of our group on the possible prevention of spina bifida (and the related defect, anencephaly) by giving a multivitamin tablet to high-risk mothers before conception and through early pregnancy. I expressed 'cautious optimism' at that time.

The final results of that first study showed:

- 1) of 177 babies born to fully supplemented mothers who had had one previously affected child only one was affected, compared to 9 recurrences among 264 born to unsupplemented mothers.
- 2) Of 18 babies born to fully supplemented mothers who had had *two* previously affected children none were affected, compared to 4 recurrences among 31 born to unsupplemented mothers.
- 3) A further 51 babies born to mothers who had taken vitamin supplements but had failed to complete the full programme (for example, by forgetting to take the tablets for more than one day) were unaffected.
- 4) Later examinations of about half the children born to supplemented mothers (it was not possible to examine all) showed no evidence that the tablets had done any harm. Apart from the single recurrence, the only major defects among all 195 babies were one heart defect and one bowel obstruction. As about 2% of all babies are born with a significant defect, 3 in 195 is not remarkable.

The same group of researchers has continued the same study in a second cohort of women. The last baby from this group is not due to be born until May 1982. So far there have been two recurrences amongst almost 200 babies which is again very much lower than expected. Adding the two groups together, the chance that the lower recurrence is a freak result, and not true prevention, is less than 3 in 1000. Expressed another way, Professor John Edwards of Oxford estimates that, taking the most pessimistic view of our results, vitamin supplements have probably prevented 75% (three-quarters) of recurrences.

A group of Oxford doctors has been using our regime on their high-risk mothers and reported recently in the *Lancet* that there had so far been no recurrences among 43 women. If we add their results to ours (so far) there have been 3 recurrences among about 450 babies, or 1 in 150. The usual recurrence rate is 1 in 20 to 1 in 25, or at least 6 in 150.

Meanwhile the results of Professor Laurence's team in Cardiff (*LINK*, Jan/Feb 1982) using folic acid only (one of the B group of vitamins) give further grounds for optimism. There were no recurrences among 44

women who took folic acid and a staggeringly high recurrence (6 of 67, almost 1 in 10) amongst those who did not.

This all adds up to very persuasive evidence that vitamin supplementation reduces the risk of recurrence without danger to mother or baby. Some very important questions remain which may be difficult to answer.

Question: Which is the most effective, folic acid or multivitamins?

Answer: We do not know. Our group has used a multivitamin preparation, Pregnavite Forte F (F for folic acid), because earlier work in Leeds showed:

- i) Women whose diets were poor in early pregnancy were short of *all* nutrients, not just one or two.
- ii) Of 200 women whose diets we measured in early pregnancy, not one was having enough vitamin D.
- iii) When we measured vitamin levels in the blood of 1000 women in early pregnancy, those whose babies turned out to have spina bifida tended to have low levels of folic acid, riboflavin and vitamin C.

For these reasons we chose a preparation which included folic acid, riboflavin and vitamins C & D. The amounts present approximate to the daily needs recommended by nutrition experts for healthy adults.

IMPORTANT: *Tablets and pills containing effective amounts of folic acid can only be obtained on a doctor's prescription.*

Folic acid is cheaper than multivitamin pills, but if the latter prove to be more effective they represent good value at about 5p a day. Research is underway, and more is planned, which may resolve this point.

Question: Is it necessary to start taking vitamins before conception?

Answer: We do not know, but we shall eventually learn from women who start taking vitamins without realising that they are already pregnant. The spinal cord is normally complete 28 days after conception (usually 6 weeks after the last menstrual period started). No treatment started *after* that date can be effective.

Question: What about mothers who have *not* had a spina bifida child?

Answer: This is important because 95% of spina bifida babies are the first affected in the family. There is every reason to believe that vitamins would be as effective in preventing the first as in preventing the second. The problem is how to put it into practice. The growth of *pre-pregnancy clinics* offers the best hope.

Question: Would a better diet work as well as vitamin pills?

Answer: Not necessarily, though it would certainly help. Much of the folic acid in food has to be digested before it can get into the bloodstream. Folic acid in pills is in a simple form which needs no digestion. We do not know whether vitamins work simply by correcting a faulty diet or by bypassing a metabolic problem in particular individuals. My department is currently investigating this point. (As a guinea pig in this work, I am taking a multivitamin supplement and discovering just how easy it is to forget!) It is, of course, as difficult to change people's eating habits as it is to change their drinking and smoking habits.

Question: Are there other people who might benefit from vitamin supplements around the time of conception?

Answer: We have supplemented a few women who have themselves spina bifida and therefore have an increased risk of an affected child, but our numbers are far too small to draw any conclusion. This would need a national study. (What about it, ASBAH?). As regards other birth defects, there is no possibility that vitamins are going to be the answer to all birth deformities. There is just a chance, in my view, that they might help hare lip and cleft palate. That is another research need.

Question: Could vitamin supplements—when we know

the best dose, the best regime, and how to implement it—abolish spina bifida altogether?

Answer: I would dearly love to think so but I very much doubt it. Meanwhile, if three-quarters—perhaps a little more—can be prevented, that is progress. There are now 'vitamin babies' in Europe, Scandinavia, Canada, USA, South Africa and Australasia as well as in the UK and the Republic of Ireland, so the message is spreading.

We have been particularly heartened to hear of high-risk mothers who had decided against further pregnancies because they did not want terminations, but who went ahead with vitamin supplements. We know of three mothers so far who did this after *three* affected babies (recurrence risk about 1 in 4) and had healthy babies.

In summary, it is now highly probable that vitamins exert some protective effect: hence more optimism. It is certain that, in proper doses, they do no harm: hence less caution.

I wish to renew my grateful thanks to colleagues in our group: Dr. Mary Seller (London), Prof. Norman Nevin (Belfast), Prof. Rodney Harris (Manchester), Dr. David Fielding (Chester), Dr. Stanley Walker (Liverpool) and the Leeds team led by Dr. Sheila Sheppard. I should also like to acknowledge financial support from Action Research for the Crippled Child.

Prof. R. W. Smithells, Dept. of Paediatrics and Child Health, University of Leeds.

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FOLLOWING from the Warnock Report on Special Educational Needs, the Government have passed an Act changing the law on special education. The Act was passed in October 1981 and the Secretary of State for Education intends to bring many of the provisions into force on 1st October 1982.

The Act establishes a new framework for the education of children requiring special educational provision whether in special or ordinary schools. The old categories of handicap are replaced by a broad concept of educational provision based on the special educational needs of individual children.

What is a special educational need?

Section 1 of the Act establishes that a child has special educational needs if he or she has a learning difficulty. This might include a physical and mental disability, or any other major difficulty which is significantly greater than that of the majority of children of his/her age—other than language differences—which prevents or hinders a child in being educated at schools in the area provided generally for the age group.

Provision of education

Section 2 establishes the principle that all children including those with special educational needs are to be educated in ordinary schools provided certain conditions are satisfied.

These conditions are—

- account has to be taken of the views of parents;
- the ability of the school to meet the child's special educational needs;
- the provision of efficient education for other children in the school;
- the efficient use of resources by the Local Education Authority.

Assessment of special educational needs

Emphasis is placed on looking at the child as a whole person, and the need to establish a partnership between LEA staff and parents. Assessment should be seen as a means of understanding a child's learning difficulties in order to provide guidance as to his educational needs and a basis for monitoring progress.

Assessments will be of two kinds, formal statutory assessment and on-going assessment within school. Section 5 of the Act lays down the rules for LEA's regarding the formal assessment of individual children to determine the special educational provision to be made and to enable the LEA to decide whether to make a Statement under Section 7.

LEA's will be required to notify parents that an assessment is to be made, and to provide information about the assessment procedure. Parents can make representations and submit written evidence within not less than 29 days of being notified. The LEA will then inform parents of the result of the assessment and the name of an officer from whom they may obtain further information. In normal circumstances it is expected that professional advice given to LEA's will be available to parents. This applies both to formal and other appropriate assessments.

Education: a special guide to the new Act

What is a "Statement"?

Following an assessment under Section 5 LEA's may decide to make a Statement describing the child's special educational needs and how they are to be met. The Statement will have three parts:

Part A: Parental Views. This should include a summary of any representations and evidence, including independent reports, submitted by the parents.

Part B: Assessment of Special Education Needs, including educational advice, medical advice, psychological advice, and any other professional advice necessary, and a statement of the LEA's assessment.

Part C: Special Educational Provision—detailing how and where provision is to be made and what services are to be provided by other agencies.

There will be two stages in the preparation of the Statement—a draft Statement to be discussed with parents, who may within 15 days make further representations if they are not happy with the content, to be followed by the final Statement.

Parents must be given a copy of the Statement together with notice of rights of appeal and the name of a person to whom they may apply for information and advice. This will not necessarily be an employee of the Local Education Authority but might be a professional from Health or Social Services, a member of a Voluntary Organisation or some other person. The role of this 'named' person is still under discussion.

Can Parents request an assessment of their child?

If the parents of a child for whom no Statement is maintained by the authority asks for arrangements for an assessment to be made, the LEA have a duty under Section 9 to do so unless they regard the request as "unreasonable". They also have a duty to re-assess a child with a Statement if requested, providing such an assessment has not been made within the last six months and they are satisfied that such an assessment would be appropriate.

In practise, this might be where there had been a significant change in the circumstances of the child. The frequency of assessments will be laid down in regulations by the Secretary of State, but it is likely that these will include a minimum of one re-assessment between the ages of 14 and 15 unless the child was aged 11 or over at the date of the making of the Statement.

Continued on p. 17



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ALL THE factors that make it difficult for disabled people to get jobs conspire against them as volunteers.

As the Volunteer Centre* puts it: "Consideration of mobility, access, and 'special' equipment makes disabled people as volunteers an unattractive proposition."

But, in addition, there is the fact that all too often disabled people do not come forward, so those in charge never have the chance of overcoming any difficulties involved in taking them on.

"Disabled people are accustomed to isolation; theirs is a lifetime of learning how to live as dependant and undemanding members of society. It is hardly surprising that they are grossly under-represented among volunteers" says the Volunteer Centre.

Another big factor working against the disabled person as a volunteer is that in social welfare circles he or she is neatly slotted into the category of someone who receives care, help and attention. . . definitely not someone who gives.

But the Volunteer Centre strikes an optimistic note.

"Despite all this, it is in volunteering that some of the most optimistic examples of work by disabled people are to be found. Work which not only builds on an infinite variety of human skills and talents, which does not distinguish between able bodied and disabled, between helper and helped, but which sees people as resources to each other, not as bundles of problems to be dealt with as efficiently as possible.

"Volunteer work offers an opportunity to revalue the contribution of members of society to its fabric—not in terms of cash or units of production, but in terms of human value".

*The Volunteer Centre is the national advisory agency on volunteer and community involvement. The address is: 29 Lower Kings Road, Berkhamsted, Herts HP4 2AB.

Here's some good ideas

THERE'S a variety of voluntary jobs which a disabled person can do as well, if not better, than other people.

Sometimes blind people need someone to read to them; some organisations have a need for voluntary clerical work to be done at home, particularly when they are running an appeal in the area.

You may be able to help out with a local talking newspaper, like Gary Brayne—(see his article on page 15), or be involved in some way with a local hospital radio service.

Another obvious example is manning a telephone at home or at a special office as a contact for a 'Good Neighbour Scheme'. The contact's job is an important one—to answer the phone when someone rings in for help, and then to ring round and match the need with a helper who is available. It could be a question of finding someone to help with gardening, baby-sitting or driving someone to hospital.

Your local hospital may be glad of visitors for patients, especially old people who have no relatives or whose relatives do not visit them. Most hospitals are reasonably accessible, although you may come up against objections concerning fire risk or wheelchairs "cluttering up" the wards. However it is worth a try, and if you are persistent the hospital may see reason.

If you are an understanding person with an approachable manner and someone with time for other people you may be a help with counselling of different kinds—perhaps for alcoholics, or the mentally disturbed. People may respond more easily to a person who obviously has had difficulties of his or her own.

The Samaritans, need trained people to man the phones of their



Volunt

life-line listen-in service at all hours. Although selection and training is quite rigorous, there is no reason why you shouldn't try.

One way of finding what is happening in your area is to look through the local paper regularly. Often appeals for volunteers are published in one form or another.

Another place to find out about voluntary schemes is your local Volunteer Bureau. There are over 160 of these, and they act as co-ordinators between people who need voluntary help and those willing to give it. They will be able to advise you.

You can do as much or as little voluntary work as you wish. Even an hour or two a week can be valuable. Your Bureau can be found under 'Volunteer Bureau' or 'Council for Voluntary Service' (this may be prefixed by the name of your town) in the phone book. Alternatively your Citizens' Advice Bureau or library should be able to give you the address.



Volunteering

It's the individual's skills that count

by Donna Johnston, a training advisory officer for the Volunteer Centre.

IF I were still working directly with volunteers, I wonder how I'd set about translating the aims of the International Year of Disabled People into action. I'd probably start by agreeing with Alf Morris that 'the disabled need a measure of positive discrimination in their favour'.

But I don't think I'd apply this to the recruitment of able bodied volunteers to work with or for the disabled, necessary and important as that may be. Nor would I set a 'quota' to ensure that one in 10 of my volunteers was disabled in some way.

The tack I'd most likely take would be to try and think more clearly about those areas of voluntary work where disabled people may have a special contribution to make, essentially because of their handicap. That would probably lead me straight to information, advice, befriending and counselling services by the disabled for the disabled, where the very experiences of the volunteers themselves in living and coping with handicap would make them particularly helpful to other disabled people facing similar difficulties. In this, I would be encouraged by organisations like the Spastics Society which supports the notion of disabled people as volunteers and recommends that 'training opportunities should be made more accessible to them, especially in the field of counselling and interpersonal work'. In its report *Them and Us* the Society has, for example, drawn attention to the growing need for counselling services for handicapped adolescents and their families, and suggests this is a need that could be met by disabled volunteers 'with appropriate training and supervision'.

I think that from there it wouldn't take too long to begin to explore the potential that disabled people offer as formal or informal teachers.

But do you see the trap I've fallen into? My tendency to focus on the disability? Already, in my enthusiasm to foster mutual help among the disabled through voluntary work and to encourage the disabled to speak for themselves about their condition, I'm in danger of trampling roughshod over another aim of IYDP, that of the integration and participation of disabled people in everyday affairs. While I would still argue that volunteering by the disabled to help other disabled is fine in itself, and that involving the disabled in teaching about disability could be extraordinarily effective, the choice of voluntary work *must* rest with the disabled themselves. The question must be not what can disabled people do, because of their handicap, but more positively, what contribution can an individual disabled person make because he or she is an

individual with certain skills, abilities and interests.

My responsibility as a volunteer organiser must surely be to display the opportunities to a disabled person, just as I would to anyone, to discuss openly and realistically any limitations a person's particular handicap may impose, and then to let the would-be volunteer choose. If a disabled person has counselling skills or the ability to acquire them through training, and wishes to undertake this form of voluntary work, why should he or she be limited to offering them to other disabled people? If an individual can absorb, translate and offer detailed information, why not in a citizen's advice bureau as well as in an information centre for the disabled? If a disabled person can manage the complications of daily life, why not the complexities of a volunteer bureau, an Abbeyfield Home or a local youth club? Why, indeed, should the disabled be regarded as an effective resource in training about disability and not about other areas of knowledge and skill?

By encouraging and enabling the disabled to give the help of their choice, we would be not only removing them from the recipient end of the spectrum and from much of the stigma of disability, but also we would be recognising their abilities and their right to participate in the affairs of the community on a more equal and integrated basis.

One thing is certain. Disabled people represent a scarcely tapped volunteer resource. Many have free time and much to offer. What we make of this potential will largely depend on our own attitudes about who gives and who receives. But at a much deeper level, it will depend on our attitudes about disablement and the everyday experiences we have of disabled people. That may mean asking ourselves some tough and personal questions, questions that if we take them far enough may uncover barely conscious attitudes rooted in the ancient taboos of society.

This is part of an article Donna Johnston wrote for *Involve*, the magazine of the Centre.

Volunteering

Gary joins talking Newspaper

I WILL begin the article by outlining the activities of the Shropshire Talking Newspaper for the Blind (STN). The newspaper began in 1976 and in addition to the talking newspaper itself the group also produce a magazine, a tape of the consumer magazine "Which" and the Shropshire Magazine tape.

I joined the group in February this year after seeing their exhibition in the local library.

I wrote to the Chairman of the STN who invited me to the studio to see what went on. At the time I joined the group the Shropshire Magazine project was just starting. Indeed on my visit the master copy of the "pilot" tape was being recorded.

The Shropshire Magazine is a monthly publication but each of our tapes covers two issues of the magazine. We produce the tapes on a six week cycle. In the first week of the cycle, usually on a Sunday evening, the readers and machine operators go into the studio to record the master copy of the tape. The following Sunday the other members of our team copy the master onto the cassettes which are then packed and sent out to the listeners.

The only problem I have regarding my disability is that the STN studio is the third floor of a converted house. As far as access is concerned, although I walk with the aid of crutches the main problem is that the building is fairly old and the steps are fairly deep. Surprisingly this makes coming downstairs more difficult than going up.

Each publication of the STN has its own production team and the members of the group are given the chance to have a go at all parts of the production process.

I decided to join the group partly because I was unemployed and wanted to do something which

GARY BRAYNE, age 20, from Shrewsbury has spina bifida and slight hydrocephalus. His studies at Wolverhampton Polytechnic—he was on a Business Studies Course—were curtailed for health reasons in May 1980.

Fortunately this Spring he has been able to resume study through the Open University.

After leaving the Poly he became involved with a number of voluntary groups in Shrewsbury especially the Shropshire Talking Newspaper for the Blind about which he writes below. He has also become a member of the Shropshire ASBAH Committee.

as well as filling some of my time would also serve a useful purpose.

As far as voluntary groups are concerned I think that they have a vital role to play in the provision of the type of service required by their members which couldn't be provided by the statutory agencies. Very often a voluntary body can be an innovator of new schemes to help their members e.g. In the case of ASBAH—the Independence Courses.

In my opinion it is vital for a voluntary group to have a good working relationship with the relevant government departments, and at a local level with the relevant departments of the local authority. In the case of the STN the first point of contact between the STN and someone who wants to become a member of the listening audience is through the social worker who has our application forms. A member of the STN Committee meets the social workers involved on a weekly basis.

I will conclude the article with a quote from the 5th Annual Report of the STN. "Looking back it is pleasing to note that more of our work has been undertaken by blind and other handicapped people. This ties in with the IYDP aim "the participation, equality and integration of disabled people."



Experience makes Philip good at his task

REJECTION, handicap, great bouts of anger and depression—Philip Ridler, 27, has experienced them all.

And it's these problems, which he's had to face, which he feels have helped him to cope well with his present role—counsellor and helper to a group of young offenders in Sussex.

It's a job which comes in the after-care and prevention category, and one which he thoroughly enjoys and feels he does reasonably well. He finds he is well accepted by the youngsters. Philip has spina bifida and gets about with the aid of calipers, and he feels that having a handicap may have helped. "The lads see me as someone with troubles, too".

The two-day-a-week job carries a small wage, but clearly Philip sees it as more of a voluntary job. When he applied for it he thought it was unpaid.

Eventually he hopes to get into full-time employment again, but meanwhile, as he puts it, "I don't want to drift into doing nothing."

"It's a job which keeps me very alert. I mainly work on a one-to-one basis, and try and help the lads gain respect and confidence".

Many of the activities are practical—hobby sessions such as glass engraving and photography. (Philip is a very imaginative and able photographer himself.)

Volunteering

The realisation that he could communicate with young people in trouble goes back several years to when he helped in a voluntary capacity with an 'In Touch' project at a local community centre. It was a matter of relating to the youngsters, counselling, listening to their problems, and organising practical play sessions, drama, photography, and recreational activities.

This gave him the lever to apply for the job of Instructor/Supervisor for a Manpower Services Commission project for difficult youngsters.

"First of all I was given clerical tasks, manning phones, and taking messages, but after three months I had had enough and demanded to do what I had gone there for—to work with the kids.

"They didn't soft touch me. I had a hammer thrown at me and was pinned against the wall with a knife. But I found I was able to keep my cool, and also that I could be in charge, and was good at delegating.

"I was brought up in an institution so I was tuned into people with problems. I was able to recognise people in stress."

Philip went to Hereward College after leaving Chailey Heritage special school in Sussex, and took a course as a tool and instrument maker.

"I realised early on that it was the wrong direction, but I was told to finish the course, which I did, and passed the City and Guilds exam. But I didn't enjoy the work at all".

After some time out of work, he became an Orthotic Technician making calipers and other equipment at Chailey. This lasted three years, by which time Phil felt he had to get out into the real world. "I felt hemmed in, and knew I was going bonkers there."

The job with the Manpower Services Commission was the first time he felt he was really doing something he wanted.

For a variety of different reasons the project folded in the Autumn of 1979 and since then Philip has been unable to get full-time employment.

Turning disadvantage to advantage

"NO ONE knows exactly how many disabled people are volunteers, but it is clear that the numbers are very small indeed" says Peter Stubbings of the Volunteer Centre, in a paper published last year.*

Clearly many disabled people do voluntary work for other disabled people.

"I do not commend this 'volunteering in the ghetto' for its own sake; there is no reason to imagine an automatic bond between people just because they are disabled, and what many disabled people of my acquaintance want is to get away from disability. At the same time though, nobody understands the meaning of disability so well as a disabled person.

"But if the other conditions are right, there is almost no task carried out by volunteers from which disabled people need to be barred."

Peter Stubbings also made the point that the apparent disadvantage of disablement can be turned into advantages for voluntary activity:—



- *Immobility*, which can be translated into the capacity to be in the same place for fixed periods.
- *Time* itself, a crushing burden for many disabled people when there is nothing to fill it, but a scarce commodity in modern life.
- *Patience*, very often stemming from experience of having to be patient.
- *Motivation* to work to escape the routine of inactivity.
- *Experience* of being dependent on someone else, all too rare among people who give care or service.
- *Sensitivity* stemming from experience of one's own or other people's suffering.
- *Highly organised routines*, making for reliability.

**Disabled People as Volunteers*—a pilot study. By Ed Brand, Dr Diana Leat, Peter Stubbings. £1.50 plus 40p post and packing. This is available from the volunteer centre (see address elsewhere in this feature).

'Being CSV is fantastic'

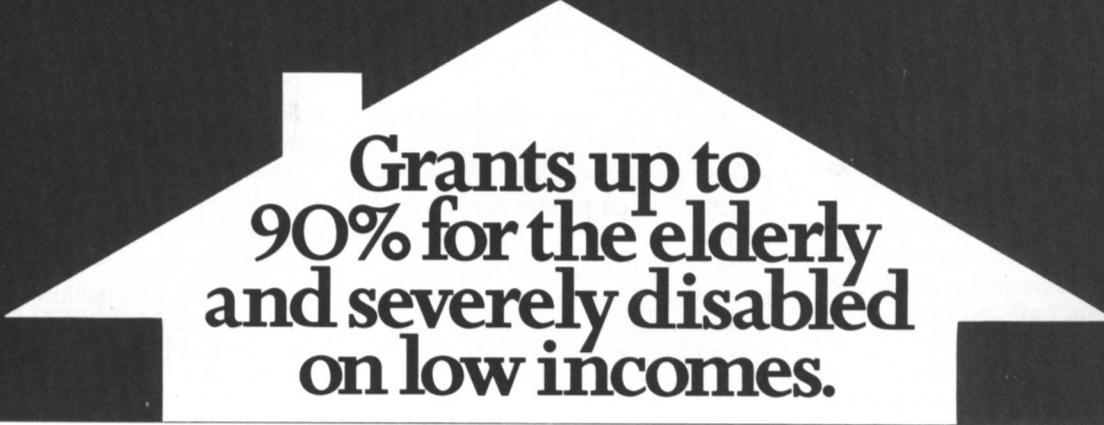
TERESA is 20 and comes from Cornwall. She has a mild form of cerebral palsy which has caused a weakness in her legs and has made working with her hands difficult and tiring. Just over a year ago she applied to Community Service Volunteers (CSV) in search of volunteer work and was given a placement at the Sunshine School for deaf and blind children in Shropshire.

In an article for *Spastics News*, Teresa wrote: "Being a CSV is a way that you can serve the community on a full time basis. I think it is a fantastic experience.

It's just what I needed—and it's giving me a chance to work with deaf and blind children. I think that working as a volunteer would help other handicapped people as it gives a sense of independence. If you'd like further information, contact CSV at 237 Pentonville Road, London N1 9NJ. Tel: 01-278 6601.

Further reading: 'Working for Free—the essential handbook of voluntary work', by Sheila Moore, published by Pan Books. This contains many ideas for different kinds of work for volunteers.

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For other people the amount of grant is less but it could still cover two-thirds of the bill.

You will need to get approval from your local council before starting the work.

Go to your local council office and ask about a loft insulation grant.

Issued by the Department of the Environment and the Welsh Office.

Continued from p. 10

Under 5's

If an Area or District Health Authority forms the opinion that a child under 5 has, or probably has, special educational needs, the Authority has a duty to inform the parents of this and bring it to the attention of the appropriate Local Education Authority.

If they believe that a particular Voluntary Organisation is likely to be able to help the parents they must inform the parents accordingly. ASBAH will be considering how best the National and Local Associations can ensure that Health Authorities have all the relevant information.

What happens when a family move to a new area?

When a child covered by a Statement becomes the responsibility of a different LEA, the new authority have a duty to identify the child and to assess his needs under Section 5. The new authority may seek advice from those involved in previous assessments and must prepare a new Statement, although this Statement may be identical to the previous one. Parents will retain the same rights to consultation and appeal.

How will the new Act affect those already at school?

The Act sets out certain transitional arrangements which are designed to allow LEA's reasonable time within which to make Statements for approximately 165,000 children who are currently receiving special educational treatment in England and Wales. The Act does not require LEA's to assess this group of

children under Section 5 in advance of making Statements for them.

Children for whom a LEA are providing special educational treatment when the Act comes into force, probably 1st October 1982, will be deemed to be the subject of Statements, although these Statements will not have to be produced for up to 12 months after the Act comes into force, and will only state the provision to be made (i.e. Part C only).

However, parents can request a full assessment subject to the conditions laid down in Section 9 of the Act, if they have a particular concern regarding their child. It is likely that the Regulations will include provision for a full assessment under Section 5 for any child between the ages of 14 and 15 during the transitional period.

The spirit of partnership between parents and professionals embodied in the DES's approach is to be welcomed and we look forward to more constructive relationships. The detailed guidelines to professionals regarding assessment include independence, social and self-management aims.

There are obviously a lot more details in the Act and accompanying draft circulars and regulations, and it is not possible to include everything in this article. I should be pleased to answer any queries on individual aspects, and LINK readers will be kept informed of any new information on how the Act is to be put into practice. The Advisory Centre for Education publish a useful Guide for Parents, available from—ACE, 18 Victoria Park Square, London, E2 9PB, price £1.50. The Act itself is available from HMSO price £2.30.

Barbara Newman
Education Training & Employment Officer.

REVIEWS

Thames TV Help!

A BOOKLET of access notes on central London has been produced by Thames TV, Tottenham Court Road, London WC1, free of charge.

Called 'Thames TV Help!' the notes are supposed to be used as a supplement to the guide 'London for the Disabled Visitor', the London Tourist Board publication. But they are excellent on their own too.

There is access information on all aspects of London shopping eating, travel, parking and sightseeing. But what makes this booklet really useful is the excellent guide to super and not so superloos!

Keeping Fit, and Self Help with Spina Bifida.

THESE two useful booklets from the Lanarkshire Branch of the Scottish Spina Bifida Association are excellent value for money and

contain many tried and tested suggestions and hints to make life easier and healthier for someone with spina bifida. They cost 10p each, plus postage from: Lanarkshire Branch SSBA, 49 Airbles Road, Motherwell, ML1 2TJ.

Swimming for the Disabled.

£3.95. E.P. Publishing Ltd. THIS useful book is produced by the Association of Swimming Therapy, and is based on James McMillan's Halliwick method of teaching water ability to disabled people.

The book looks at safety and handling, information about disabilities, swimming techniques, water games, and how to run a swimming club.

It is well illustrated with photographs and drawings and should help anyone who is thinking of taking to water either as a swimmer, a helper or instructor.

If your local bookshop does not have it, you can buy it direct from EP Publishing Ltd., Bradford Rd, East Ardsley, Wakefield, West Yorkshire. Include 45p postage.

Directory for the Disabled,

Compiled by Ann Darnbrough and Derek Kinrade.

THIS IS an expanded third edition, which covers a whole range of subjects—from statutory services, benefits and allowances, further education, aids, house and home, employment, holidays, mobility, leisure, sex and advisory services.

It gives full information on the main changes in statutory benefits.

The Directory is available from all leading booksellers or direct from the publishers, Woodhead—Faulkner Ltd., 17 Market Street, Cambridge. CB2 3PA. £6.50 (paperback), £10.85 (hardback) inclusive of post and packing.

Local authorities receive a great many brick-bats . . . Here, by way of a change, are two bouquets, and two happy families, both of whom have spina bifida youngsters.

On the first snowy day of winter, LINK went down to visit the Turner family, cosy and comfortable in their brand new bungalow at Heathfield in Sussex.

Jackie Turner, and her son Andrew 6, were at home. Brother John, 8, was at school and father of the family, Michael was out on his job as a lorry driver.

The bungalow is in a new council development well situated for shops and schools in Heathfield. There are plenty of children around for both boys to play with. Jackie is particularly pleased about this because Andrew who has spina bifida goes to Chailey Heritage and as a result hasn't had the chance to make local school friends.

Jackie believes that their good fortune started with the intervention of the headmaster at John's school. "We were at a parents' evening and happened to mention to him that we needed different accommodation in Heathfield because of Andrew's handicap. He got on to Wealden District Council, and before long we were visited by Mrs Wills from the council". The Turners are particularly grateful to Mrs Wills and to the Housing Manager at Hailsham for their help.

"We were amazed when not long after we were told about this new development which was to include two specially adapted bungalows" said Jackie.

"We immediately said we were very interested, and we were shown the plans and actually asked if they suited us and did we have any amendments we wanted to make. We couldn't believe it."

It is a very spacious 3 bedroom bungalow, with wide doors for Andrew's chair and plenty of space in the bathroom. But apart from these points, there are no other special adaptations for Andrew. "We wanted him to grow up in an ordinary home and get used to coping with things as they are" said Jackie.

She has really gone to town with furnishing and decorating—everything is new,



Andrew and his mother Jackie in the kitchen/dining room.

carefully chosen and colour-matched. There is a large separate lounge and the family's main living room—a well designed kitchen/dining room. Outside is a small fenced garden at the back and a more open garden in the front.

* * * *

For the Aston family of Bury, Lancs., it wasn't a new home they wanted, but a bedroom extension for son Stephen who has spina bifida and at the age of 8 clearly needed a room of his own where he could be as independent as possible.

The family wrote to ASBAH for advice, and thanks to the help of the Fieldworker in London, 'Mac'—Mr MacFarlane,—and Bury Council, the extension is now complete.

Carol Aston wrote, "Stephen has certainly benefited from the bedroom which although small is quite compact. We had part of it sectioned off to form a small

Happy families!



Stephen on the ramped approach to his room.

bathroom containing a w.c. with sufficient room to park his chair by it, and a bath sunk into the ground so that once on the floor he is able to get in and out of the bath independently.

"There is also a safety rail so that he can be left safely while using the w.c. The remaining bedroom space is 'L'-shaped but works quite well. The handbasin is convenient—as soon as Stephen gets up he is able to wash, clean teeth and dress his top half without any supervision from me. It is very encouraging as a parent to see this. We did not have enough space to put in a desk so we compromised and put in a drop-leaf table top which has proved very successful as it takes up virtually no room until it is required, and Stephen can put it up ready for use and clear away afterwards (with a bit of luck!)"

If any other family would be interested in more details of the extension, and the help available, they should write to National Office. Mr Macfarlane points out: "Local Authorities remain reasonable about adaptations and some have promised consideration of schemes after April 1982".

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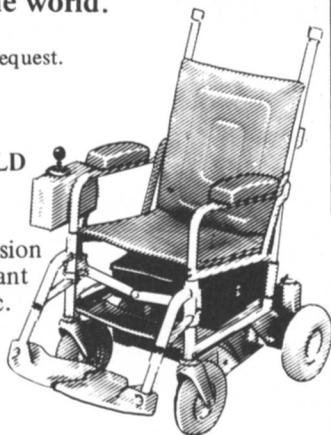
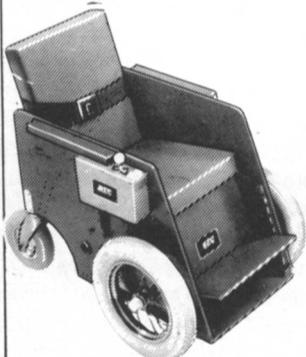
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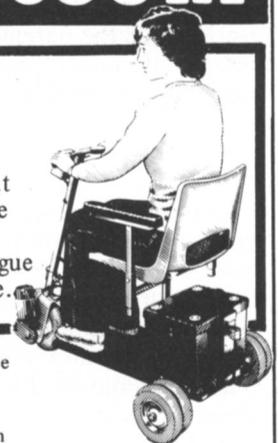


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NORWAY has a population of about 4.5 million people. Out of this population only about 350 have spina bifida, and they are spread all over the country.

In 1972 some parents agreed to start a parent's group for spina bifida children, and because of the small number of these disabled children, we decided to be an undergroup of a larger organisation, namely the CP-association, amongst other things to be sure to get some money from the State! In addition to this most of the spina bifida children belong to the CP's rehabilitation centres.

The parents' group is to-day directed by four parents and a spina bifida girl, aged 18. Our work is mostly done in our spare time (that is in the evenings,) and we are all volunteers.

Because of the huge distances in Norway and the fact that our members are spread all over the country, we don't have the possibility of meeting other families too often, so we mainly try to keep them informed of new "things" by written material.

In addition we have a 10-day course for the whole family every second year at a health centre where all kinds of expertise is present.

The children go to school, or kindergarten, during the day in the centre while the parents are given lectures of various kinds. Both medically and socially these courses have turned out to be extremely necessary and popular.

Once a year we have also arranged a week-end course for parents and their teenagers with spina bifida. The topics have been plain information about spina bifida and its consequences, contraceptives and living together, and a psychologist and a disabled person together have talked about independence, stigma, family problems etc. etc.

After the lectures there has been group work so that the young people and their parents have had the possibility of discussing their problems together. If they wished they could have individual talks with the specialists present. This type of course has turned out to be especially in demand.

We find it important to spread information about spina bifida to

How Norway's volunteers set out to meet a need

all kinds of people working with our children and to establish a close contact between parents. As most of our spina bifida children are integrated in ordinary schools we find it of the utmost importance to keep the teachers, other pupils and their parents, as well as hospital staff, social schools, nursery schools, midwife schools etc. continuously informed about spina bifida. Therefore we send them our material, take part in discussions, meetings, conferences etc.

Some local parent's groups are established in various parts of Norway. They have their own courses and meetings.

Finally I would like to share with you a "sunshine event" which took place on the 25th of October 1981. Every year we have a one-day fund raising campaign in Norway for the benefit of various humanitarian tasks.

This year four of our largest humanitarian organisations

together with the Norwegian broadcasting company (TV and radio) lead the campaign, and they decided that all the money should go to various projects for the disabled in the developing countries. The result of the campaign was—believe it or not—£9 million (90 millions n.kr.)!

Quite a success, I'll say! Let's only hope that the whole amount will be used in a proper way and for those who need it most.

Because of the IYDP Norwegian TV and radio have also made some educational programmes about disability. Several groups have been established in connection with the programme to discuss the problems and viewpoints they bring up.

So you see, something is going on in Norway too—let's hope we'll all obtain some results in one way or another!

Our regards to all LINK readers from Norway.

MONA BERG

New Guide for happy holidays

The Holiday Guide and Course Brochure, published by PHAB (Physically Handicapped and Able Bodied) is now available and it is bigger and better than ever before.

This invaluable publication lists over 50 group holidays in Britain and abroad for young people who are disabled and able-bodied. The holidays are arranged by PHAB and other organisations.

What's more the Guide is free. Just contact PHAB at 42 Devonshire Street, London W1N 1LN, telephone: 01-637 7975.

Don't forget that ASBAH has gathered lots of information about holidays and can be helpful when it comes to travel arrangements and insurance. Contact Beverley Holland at National Office.



A Spina Bifida Club meeting in Salisbury, Zimbabwe.

1. The little girl (second from right) is 5-year-old Nyasha who received one of the wheelchairs sent out through ASBAH. The little boy in front of her is her brother Best who also has spina bifida and hydrocephalus. 2. A nursing aide showing how to care for Kuakwashe's stoma and bag. 3. One of the African nursing staff, Sheila, who is a paraplegic and in a wheelchair, tells the parents about diet and care of pressure areas.

Asbah helps send wheelchairs to Africa

THE LATE Kit Aston stressed the importance of the international aspect of IYDP, and many times emphasised the needs of the disabled in the Third World countries.

It was, therefore, pleasing that during IYDP, ASBAH was able to help—albeit in a small way—by arranging for new wheelchairs to be delivered to spina bifida children in Zimbabwe, and to children in Kenya.

ASBAH received requests from these countries for chairs, and the DHSS, and Remploy very kindly provided them. ASBAH arranged for their transport. In the case of the wheelchairs for Zimbabwe they were flown out, free of charge, by the Portuguese airline, TAP.

These extracts from a letter received from Pam Nicholson a Sister at the St Giles Medical Rehabilitation Centre in Salisbury, Zimbabwe, show how much the chairs have been appreciated.

“The eight wheelchairs are safely here and are ready being put to good use. All the chairs have gone to African spina bifida children whose families are in no position to buy such equipment.

“Four have gone direct to the Jairos Jiri school and of the remaining four, one has been given to Kudakwashe Chirema, 5 who has spina bifida and kyphoscoliosis, another to Nyasha Mbagwe, 5, who has bad hydrocephalus and spina bifida. (see photo). A third chair I am keeping for a nice little 4-year-old boy—a new patient. He can ride a tricycle but cannot walk. This child has suffered extensive burns at some stage. He obviously fell into the fire in his family's hut. The fourth of these chairs I'm holding in reserve, but no doubt I'll have someone for it by the end of the week.

“I am enclosing some photos taken at our second ‘Spina Bifida Club’ meeting. It is difficult to get the parents in out of the bush, but the ones who came enjoyed the whole affair enormously.

“I wish I had time to relate all the talks we had, given in the local language. There are so many traditions, customs, and taboos with these families that we have to be careful. For example, eggs are seldom given to African children as they believe they

carry measles—a real killer here. Being a good source of protein and fairly readily available, we have to try and persuade parents that eggs are, in fact, good for their children!

“Also when, and if, meat is available, father, as the head of the household, gets it, so we try to explain that these children need extra protein in their meagre diet, especially when they have pressure sores—which is most of the time.

“On behalf of all the children who have been given a wheelchair. I would like to thank you most sincerely for the chairs, especially as they are *small*, and not the enormous wheelchairs which until now we have had to use”.

First impressions

ASBAH staff from all over the country met together in London in January for the first ever staff training week. This opportunity to get to know each other, to pool information and exchange ideas was much appreciated. It was particularly helpful for the field staff, and, of course, it was an invaluable occasion for new staff.

One of the newest area fund-raisers, Simon Smith, from Birmingham who joined ASBAH from the world of journalism, writes:

“I found myself surrounded by an array of remarkable and charming people whose purpose is to help . . . to give, in a word, instead of take. This really, for me, was something new. Newspaper offices, for example, are places where people busily engage in staccato conversations. I'm familiar too, with the strained sense of urgency in the television studio . . . and the tormenting tension of behind-the-scenes activities at big sporting occasions.

“Lots of strong and worthy characters are involved in those pursuits also, of course . . . with one fundamental difference. They are all too often concerned only with taking . . .”

CAROLYN Wood, 18, of Wrexham who has spina bifida and hydrocephalus and is in a wheelchair talks about her experiences at Hereward College of Further Education, where for the first time, she had to fend for herself.

She had previously been at ordinary schools, but she became very dependent on her own personal helper Mrs Slade, at school, and on her family.

IN SEPTEMBER 1980 I started at Hereward college in Coventry, which had been specially built for physically handicapped students. Within my first few hours I realised that I would have to do almost everything for myself.

I needed help to get into the bath and to get my calipers on. Although the care staff were willing to put my feet in the boots, I was left to struggle with the rest of the straps on the calipers myself.

I felt very unhappy during the first term and a half because I was so disorganised and all the staff were having to help me more than they should, as I was one of the least severely handicapped students.

I had to use ordinary equipment. During the year I learned how to hand wash small articles of clothing, use the washing machine and spin dryer for my other laundry. I also learned how to use sharp knives safely.

I didn't leave the college grounds for almost two terms, so everybody became very concerned about me. This problem was overcome with the help of my friend, Shirley, who took me out and encouraged me as we made our way up the steep hill to the pub.

'One task expected of all first-year students was to make their own travel arrangements home at least once. I decided to go home by train for the May Bank Holiday.

'I had to get a copy of the train timetable, and had to fill in a permit for permission to travel in the guards' van and send it to BR. Then I booked a taxi to take me to the station.

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The uphill push to independence

When I arrived I felt very nervous but excited. A guard was waiting, and he pushed me to the train where another guard helped to lift me on to the train. I travelled surrounded by parcels of different shapes and sizes which were being taken to the main sorting office at Shrewsbury.

I felt prouder of myself, the closer the train got to Wrexham and I was really pleased when I saw the whole family standing by the platform. I also felt very excited because I realised that I had achieved something I had never thought possible.

Looking back over my first year I may have felt at the time that I was thrown in at the deep end. I had to do so much for myself and I was expected to make so many important decisions which other people had always made for me in the past.

I felt that I lacked the confidence which most of the other students seemed to have—perhaps it was because they had been away from home before,

Many of the students had come from residential special schools, so I had one advantage over many of them because I had been to an ordinary school where the emphasis was on academic work.

Because of the competition for places at Hereward, the college has insisted that I pass three 'O' levels before I can go back for another year.

If I do go back, I shall be much more independent and confident and find college much more enjoyable.

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GREATSTONE, Kent. Modern bungalow. Three bedrooms, lounge, kitchen, well equipped bathroom, large garden. Shops and safe sandy beach—200 yards. Details: Pierson, 18, Kingsley Road, London. E.7 9PP. (sae please).

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BURTON BRADSTOCK. 6 berth caravan, fully equipped. Pleasant site. Details: Mrs Budgen, 27 The Grove, Sholing, Southampton. Tel: Southampton 444921.

SELSEY. Luxury 6 berth purpose built mobile home, excellent club site amenities, pool, etc. Details: Mrs Budgen, 27 The Grove, Sholing, Southampton. Tel: Southampton 444921.

SELSEY, Sussex. Well-equipped mobile home with six beds plus cot, on permanent site with excellent amenities and entertainments. Details: Mrs. B. Armour, 17 Hernbrook Drive, Horsham, Sussex. Tel: Horsham 3980.

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FOR SALE

Leisure Wear: White cotton **Tee Shirts** with green family symbol and words 'Support Spina Bifida'. Sizes 22"-30": £2 each. Adult sizes, small, medium, large: £2.75 each. **Sweat Shirts** in reverse colours. Adult sizes, small medium, large, XL: £6.50 each, postage included. From Mrs M. Humphreys, 27 Orchard Way, Holmer Green, Bucks.

ASBAH booklets etc . . .

<i>Your Child with Spina Bifida,</i>	by J. Lorber, MD, FRCP	35p
<i>Your Child with Hydrocephalus,</i>	by J. Lorber, MD, FRCP	35p
<i>Children with Spina Bifida at School,</i>	Ed. P. Henderson, CB, MD, DPH	50p
<i>Sex and Spina Bifida</i>	by Bill Stewart	awaiting reprints
<i>The Handwriting of Spina Bifida Children</i>	by Joan Cambridge and Elizabeth M. Anderson	£1
<i>The Nursery Years</i>	by Simon Haskell & Margaret Paull	35p
<i>Little Joe (A Grandmother's story)</i>	by W. Foster	50p
Information leaflets	100 for	£4.00
Asian language translations of a Fact Sheet about spina bifida and hydrocephalus and ASBAH's work are available free from national office. Translations into Bengali, Gujarati, Hindi, Punjabi and Urdu.			
All available from ASBAH, Tavistock House North, Tavistock Square, London WC1H 9HJ. (Special rates available to Local Associations.) Please note that postage is extra. Allow minimum of 15p per booklet.			
Scottish Spina Bifida Association Booklets			
<i>Growing up with Spina Bifida</i>	35p	
<i>The Spina Bifida Baby</i>	35p	
both by O. R. Nettles, McSP, ONC.			
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Flag Day equipment can be obtained direct from: Angal, 48a Holmbush Road, London SW15 3LE (01-788 5464).

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