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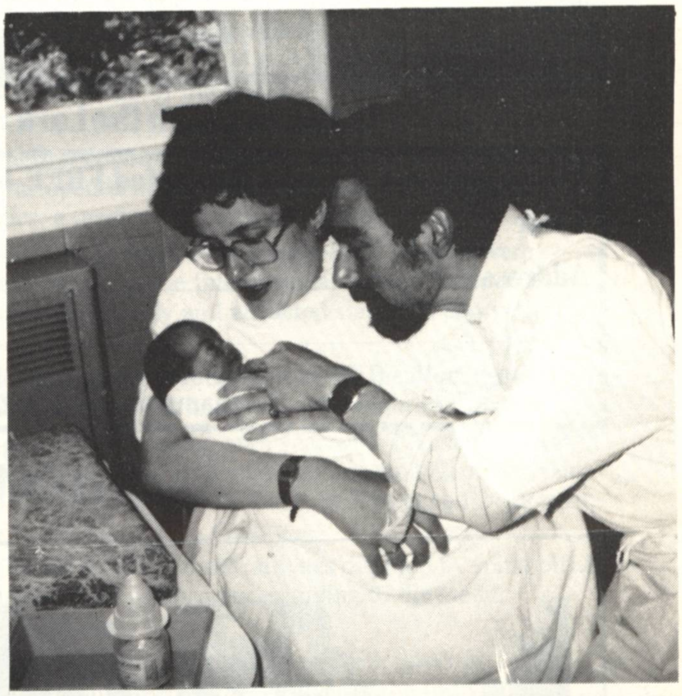
Association for Spina Bifida and Hydrocephalus/ASBAH 20p

Sept/Oct 83



●● *AND THEN there were four . . .*
Philip and Jackie learn how to cope with their twin daughters.
(see story on page 15)

The International Games: London hotel rooms open for the disabled: LIFT plans first Conference: Eye trouble: Time Sharing in the sun: Guidelines on the Education Act.

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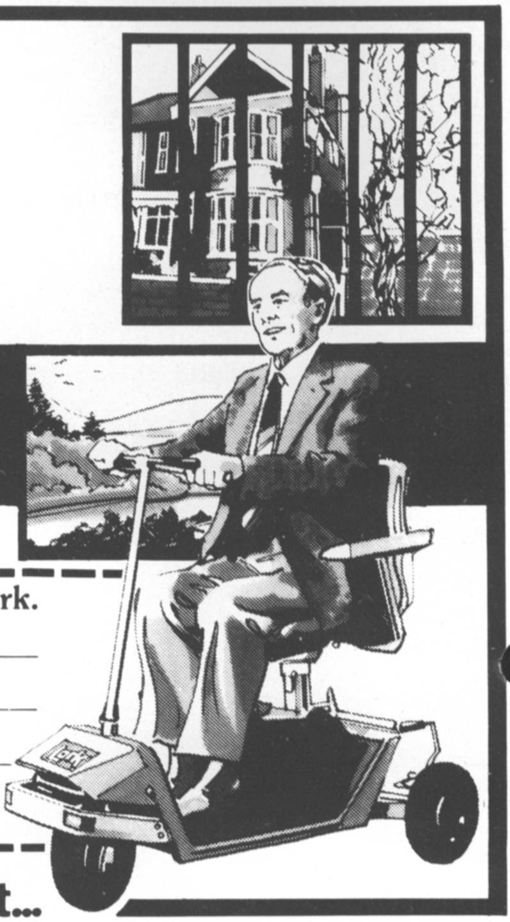

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Association for Spina Bifida and Hydrocephalus/ASBAH

Correspondence to ASBAH at the
National Office:
Tavistock House North,
Tavistock Square,
London WC1H 9HJ.
Registered Charity No. 249338
Tel: 01-388 1382/5

Patron:
HRH The Duchess of Gloucester

Chairman: Mr D M Bryant

Hon Treasurer: Mr R H Smith

ASBAH has an experienced staff ready to help with any problems relating to those with spina bifida and hydrocephalus.

Executive Director:
Miss M P Gilbertson, MCSP

Finance Officer:
Mr F G Armour, FCA

Appeals Director:
Miss Judy Kay, MIPR

Services Director:
Mrs B Newman

Administrative Assistant:
Paul Dobson, BA (Hons)

Disabled Living Advisers:
Miss Mary Barton, MCPS
Miss Andrea Robinson, SRN,SCM, HV
Miss Mary Small, Dip OT, SROT

Fieldwork Co-ordinator:
Mrs T Cole, MICA

Accommodation & Development Officer:
Ms Siobhan Rowe, BA, Dip HA

Project Leader at Five Oaks, Ilkley, Yorks.
(Tel: 0943 609468):
Mr Jim Stanton

Information Officer:
Miss B Holland

Link Editor:
Mrs S I Gearing

LIFT (Young ASBAH) Organisers:
Paul Cooper BA, Vivian Harper BSc

THE HISTORY of the International Stoke Mandeville Games goes back to 1944 when the late Sir Ludwig, then Dr. Guttmann was given the task of starting a spinal injuries centre at Stoke Mandeville by the British Government. Many of his first patients were those arriving back from the battlefront.

As part of his new concept in treatment and rehabilitation he introduced sport. It was there in 1948 that the first Stoke Mandeville Games for the paralysed were founded with 14 British Ex-servicemen and two ex-servicewomen on the lawns of Stoke Mandeville Hospital. This event coincided with the opening of the Olympic Games in London.

The national games then became an annual event turning into an International event in 1952. Since then over 50 nations have been represented at some time or another.

The Stoke Mandeville Games are held at the Ludwig Guttmann Sports Centre for the Disabled — Stoke Mandeville. The centre, although world renown, is little publicised. Opened by Her Majesty the Queen in August, 1969 it has grown through the work of the British Paraplegic Sports Society and caters for all sports.

It is also the site of the first Olympic Village for the Disabled, built at a cost of £1½ million it was opened in July 1981 with 424 beds, spacious shower and toilet facilities, a medical centre and breakfast room.

At the National Games held in June, 1983 a team of 72 athletes were chosen to represent Great Britain at the International Stoke Mandeville Games. These games were held in July and attracted some 740 competitors from 37 countries.

Events included air weapons, archery, basketball, bowls, fencing, snooker, swimming, table tennis, track and field and weightlifting.

The standard of the games is improving each year with 227 New World records, subject to ratification, being broken. Great Britain had an excellent week ending third in the medal table with 35 Gold, 30 Silver, and 24 Bronze, and established 12 new world records.

Amongst the Great Britain team are many athletes disabled by spina bifida and the following put in excellent performances adding to the medal collection.

Fencing—Colin Floyd, Buxton — Gold in the Team Foil, Silver in Team Epee; Michael Hanney, Weston-Super-Mare — Silver in the Individual Epee, Silver in the Team Epee.

Swimming—Audrey Moon, Blisworth, Northants — Gold in the 4 x 50m Freestyle.

Weightlifting—Rudi Christopher, Stoke-on-Trent — Gold 85kg Ind. Gold Team Weightlifting; Mark Riley, Westbury, Wilts. — 95 + kg Gold Ind. Gold Team Weightlifting; Russell Willey, Barry, Sth. Glam. — Gold Team Weightlifting.

This year is of special importance to our paralysed athletes as they train and compete for a place in the squad to represent Great Britain at the 1984 Paralympics to be held at the University of Illinois, United States of America in 1984. A special selection weekend has been arranged for September, 1983 and an appeal has been launched for £100,000 the sum required to take a team of 120 athletes and 30 staff.

CHRISTINE EDWARDS
Press/Public Relations Officer
British Paraplegic Sports Society

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Hotel rooms means big advance

UNTIL NOW, out of a total of 150,000 hotel beds in London, only 40 have provided facilities for people with a disability — and all of these are priced at well over £30 a night, says The London Hotel for Disabled People charity.

The situation is now somewhat improved thanks to the opening this month (September) of ten specially converted rooms at the Tara Hotel, situated in the heart of London, in Kensington. This is the first time a middle-price-range hotel, in the West End, has offered special accommodation for wheelchair guests.

Through a Visitors' Club scheme, disabled people will be able to book the Tara Hotel rooms at the concessionary rate of £16.50 per night (normally £25) for a shared room, and £20.40 (normally £36) for a single. This price includes breakfast which can be taken in the guest's own room if desired.

Each of the ten specially equipped and adapted rooms has a private bathroom, large enough to take a wheelchair, and each room has a door communicating directly with the next room so that the family or escort of the disabled guest can live, en suite, as required. Each room has a television and telephone, and two of the rooms are being specially fitted to suit severely disabled guests.

Design of the rooms has been carefully worked out by disabled people, occupational therapists and by Messrs. Penton and Smart of St.Albans, architects well-known for their work for disabled people.

The £55,000 needed to adapt the rooms is being raised by the registered charity, The London Hotel for Disabled People set up two years ago by a group of individuals working for disability organisations and concerned about the lack of accessible, reasonably-priced hotel accommodation for disabled people.

Further information from the Secretary of the London Hotel Project, William Barnes (Tel: 01-248 9155, Ext. 3172) or Melanie Cherry of the Tara Hotel (01-937 7211, Ext. 2122).

Code goes to all local councillors

A CODE of Practice on the provision of services, under Section 2 of the Chronically Sick and Disabled Persons Act 1970, by Social Services Departments, has been drawn up by a group of national organisations including ASBAH.

A copy of the Code has been sent to each member of every local authority in the country and to the DHSS.

One of the major objectives of the Code is to ensure that the provisions of the Act are properly, efficiently and fairly carried out by local authorities.

In law the lack of money to meet the needs of disabled people is not a relevant factor when assessment is being made. In practice, says the Code, many authorities establish and rewrite the criteria with an eye more to their budgets than to the real needs of disabled people.

National criteria for assessment of individual need are therefore needed, and the Code of Practice is designed to provide guidelines for this.

Another main aim of the Code is to ensure that there is a maximum possible involvement by individual disabled people in the assessment of their needs.

The Code recommends that an appeals procedure should be set up to ensure that any person who is dissatisfied with his or her assessment is given access to an independent second opinion.

Government plans right-to-buy boost

THE Government hopes to enable tenants of adapted council houses to have the right to purchase them if they wish, and if they can afford it.

To this end the Housing and Building Control Bill has recently been re-introduced into Parliament.

The Bill includes a proposal to alter the current exemption from the 'right to buy' of tenants of council houses that are 'substantially different' from other houses because of features intended for a disabled person.

The Government intends to limit this restriction to properties that are purpose designed, as opposed to those that are adapted.

Guide points out Youth Hostels

THE YOUTH Hostelling Association of England and Wales has a list of Youth Hostels (including some in European Countries) which can accommodate people with a physical disability, including wheelchair users.

Personal contact is essential before booking because of individual needs. Further information from YHS (England and Wales), Trevelyan House, 8 St.Stephen's Hill, St Albans, Herts. AL1 2DY.

New Minister for the Disabled

MR TONY NEWTON has been appointed Parliamentary Secretary for Social Security and Minister for the Disabled. He replaces Mr. Hugh Rossi who had held the post of Minister since 1981.

Mr Newton will be responsible for the co-ordination of policy on disablement within the DHSS and for benefits, aids and services for disabled people. He will also be responsible for family support and children's services, the contribution of voluntary organisations and the impact of the Department's services on ethnic minorities.

Mr Newton, aged 46, has been MP for Braintree, Essex since 1974. He was President of the Union at Oxford, Research Secretary of the Conservative backbench Health and Social Security Committee, and in Parliament he has been Assistant Government Whip and Parlimentary Under Secretary for Social Security and Personal Social Services.

The new Minister for Social Security is Dr Rhodes Boyson. Kenneth Clarke remains Minister for Health. John Patten will be Parliamentary Secretary for Health with particular responsibility for personal social services and preventative health care.

Lord Glenarthur, Parliamentary Secretary will represent the DHSS in the House of Lords and be concerned with war pensions and mental health.

Fresh advice on housing, sick pay

A SPECIAL DISABILITY RIGHTS BULLETIN, just published by the Disability Alliance's Educational and Research Association, ERA, looks in detail at the two major changes to the social security system — the introduction, in April 1983, of Statutory Sick Pay from employers and the full start of the new Housing Benefit scheme.

A spokesperson said "We have been getting so many queries about both these schemes that it was clear people needed far more information that was on offer."

Housing benefit

About a third of local authorities had to delay the full start of housing benefit and many others are experiencing severe teething problems. The effect on claimants, coming on top of the complexity of the scheme, is one of bewilderment and growing despair, concludes the Alliance.

As well as covering the main problem areas, the Special Bulletin provides a detailed, yet simple, explanation of the new hybrid benefit — housing benefit supplement, the topping up payment of supplementary benefit paid along with standard housing benefit. It outlines the ways in which people, particularly those suffering from disabilities, can increase their chances of getting ordinary supplementary benefit — which saves the anxiety of going through two different and complex means tests in order to get standard housing benefit and housing benefit supplement.

It gives a detailed checklist, full of practical tips, on the supplementary benefit additional requirements.

The Bulletin points out that the local authority administration of housing benefit supplement, on what is largely an extra-statutory basis, is full of potential pitfalls for the unwary claimant. One pitfall is that, given current DHSS guidance, an unsuccessful claimant of housing benefit supplement will not be sent a decision refusing benefit — and so will have nothing to appeal against.

Statutory Sick Pay

The Special Bulletin looks at the overall implications of the SSP scheme and finds the official DHSS information for claimants sadly lacking. It outlines the points where workers can bargain with their employers to improve the operation of SSP and focuses on the particular problems for people with disabilities.

One such problem is that the method of calculating entitlement to SSP and the rate of payment means that if a low paid disabled worker is off sick between two to eight weeks after a spell of sickness, they could get a lower rate of SSP in the second spell — or, in some case, completely lose entitlement to SSP.

Special Disability Rights Bulletin costs £1.10 post free and is available from The Disability Alliance ERA, 21 Star St., London W2 1QB.

Aids: Computer to list what's new

THERE IS soon to be a computerised register giving information on non-manufactured aids for disabled people. The British Database Research into Aids for the Disabled (BARD) will contain details on design and development work, prototypes, 'one-offs', and latest developments, as well as details of research into the use of aids, surveys and evaluations.

BARD is being set up by the Handicapped Persons Research Unit thanks to funding from the Department of Industry. It will complement information provided by other organisations where the emphasis is on manufactured and commercially available aids.

Further information from: Jane Whiteley, BARD's, Handicapped Persons Research Unit, Newcastle Upon Tyne Polytechnic, No. 1 Coach Lane, Coach Lane Campus, Newcastle upon Tyne NE7 7TW. Tel: 0632 664061.

Drivers turn to London

THE Disabled Drivers' Association has opened an office in London although it will retain an administration office in Norfolk. The Chief Executive and Appeal Co-ordinator will be based at the London office at Drake House, Creekside, Deptford, London SE8

Survey probes teacher training

THE RESULTS of a survey into the provision of teacher training courses with regard to children with special educational needs has now been published by RADAR (Royal Association for Disability and Rehabilitation).

For the survey, conducted over the last nine months by RADAR, a questionnaire was sent to 130 teacher training colleges, of which 83 replied — a response rate of 64%.

The survey showed that 80% of colleges allowed students on initial teacher training courses the opportunity to take a specific course relevant to children with special educational needs, but in 48% of colleges students had the opportunity to avoid any such course.

Colleges providing courses of in-service training in this field reported that one in three applications were unable to obtain places. Of the applicants who were successful 60% were from ordinary schools, and 40% from special schools.

From a survey of LEA provisions it was shown that there was a substantial increase in local training of teachers with regard to children with special educational needs in ordinary classes as a result of the implementation of the 1981 Education Act.

Copies of the report 'Teacher Training with Regard to Children with Special Educational Needs' are available free of charge from: Judith Male, RADAR, 25 Mortimer Street, London W1N 8AB.

NAIDEX finds new home

THERE'S a new venue for this year's National Aids for the Disabled Exhibition (NAIDEX '83). It is the Alexandra Pavilion, Alexandra Park, London N22.

NAIDEX runs from Wednesday, October 12 to Friday, October 14, and admission is free.

Further details from Naidex Conventions Ltd. in Tunbridge Wells, Kent. Tel: 0892 44027. ASBAH will once again have a stand, and you are very welcome to call in and make yourself known.

SELF HELP GROUPS

Non-Contributory Invalidity Pension — 16-19 year olds and 'Normal' Schooling.

NCIP: What is 'normal schooling'?

IT APPEARS that some disabled 16 to 19-year-old teenagers have been turned down for NCIP because it is said that they are undergoing 'normal schooling'.

Currently some disabled teenagers under 19 get NCIP when at school while others do not. Although there has been no change in the NCIP Regulations on this issue, there has certainly been a shift in DHSS policy regarding their interpretation of the Regulations.

The DHSS are now concentrating on the content of what is being taught, rather than on the methods of delivery and the adaptations that have had to be made to meet the needs of a disabled teenager.

The Disability Alliance are keen to hear from those who have not been able to get the local tribunal to look at, let alone change, the Secretary of State's decision that a child is receiving normal schooling; from those who have in effect been granted a right of appeal against such a decision that the teenager is getting full time normal schooling; and from those who have sought a review of such a decision.

Do remember that all disabled teenagers can claim Supplementary Benefits from the age of 16 if NCIP has not been awarded and can also claim Supplementary Benefit to top up an award of NCIP. For this they only have to show that they would be *unlikely* to get a job within the next 12 months.

An insight into self-help

THE RESULTS of a first major study into self-help groups in Britain has been published. The study was sponsored by the DHSS to investigate the many and varied organisations in this country, about which little was known.

It explores why different groups develop different patterns and problems.

The study's main message is the need for a more realistic approach to self-help. Self-help groups are generally valuable bodies and should be welcomed for their contribution to members' social care.

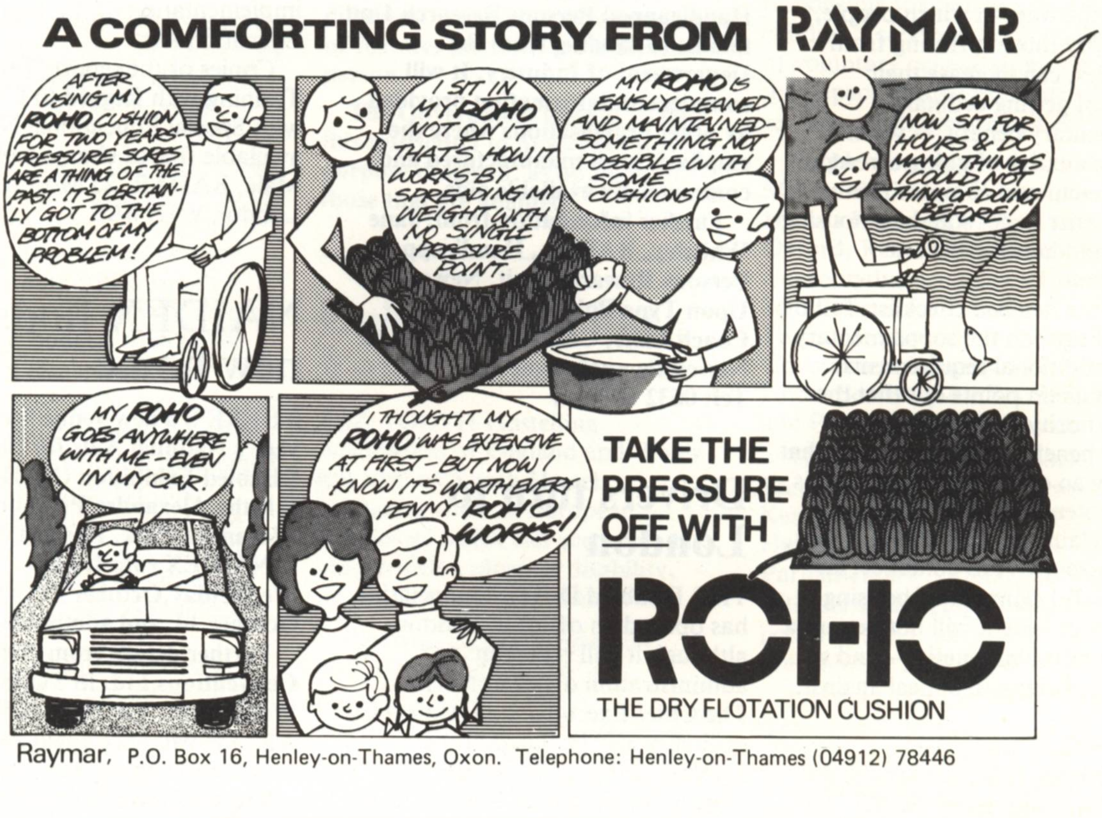
Most groups do little that overlaps with that done by statutory agencies. Generally speaking they are not able to provide extensive services for their own members let alone for anybody else.

Their weakness, says the report, is that they are inherently vulnerable bodies, depending on the willingness of a few members to shoulder the burdens and work. Their strength lies in the nature of their composition, their ability to give members the support of others 'in the same boat'.

This is valuable and important says the study, but it is not the basis on which many further responsibilities can be easily built.

Copies of 'Self-Help and Social Care: Mutual Aid Organisations in Practice' by Ann Richardson and Meg Goodman, are available from Policy Studies Institute, 1/2 Castle Lane, London SW1E 6DR.

Price £4 which includes post and packing.



Folic Acid Research

HERE IS an idea for creating a versatile 'sand sledge' out of an ordinary plastic sledge or sleigh. It was sent to LINK by Mr & Mrs Hall of Horfield, Bristol.

The pictures show their foster daughter, Rosemarie enjoying the beach from her 'sand sledge' during a holiday at St Ives, Cornwall.

Mr and Mrs Hall write: "The sleigh bought from a good toy shop was adapted to suit Rosemarie. Three sizes were available.

A back rest was made because of the bump on her back. Hand holds were made from cupboard drawer pulls. A cupboard handle was attached in front of her feet to stop her slipping, and holes made in the floor to let the sea water out (and in). We attached a strong thin rope to pull her across the sands.

"The sleigh caused a lot of attraction on the beach and gave Rosemarie the chance to play in the sand, and enjoy suitable beach games."

LIFT holds National Conference

LIFT is holding its first National Conference next year from Friday, March 30 to Sunday, April 1. It is being held at Owens Park, Manchester University, and all members of LIFT — young people with spina bifida and/or hydrocephalus are welcome.

A full and interesting programme is being planned with informal and formal workshops, talks, a chance to try outdoor mobility aids, including a simulator, and the opportunity to sit in a car with hand controls.

There will be the chance to try your hand at CB radio, computers, home brewing and car maintenance, plus exhibitions and advice on incontinence, diet and fashion. What a mixture!

Opportunities for get-togethers at the bar will be followed by a disco on Saturday evening.

For more details contact Paul Cooper or Vivien Harper at LIFT office, ASBAH, Tavistock House North, Tavistock Square, London WC1H 9HJ. Tel: 01-388 1382.

Sure footed!

A MADE to measure shoe service which will cope with most things from bunions to caliper sockets is available from: John Locke, Shoemakers, 40 High Street, Somerset. Tel: 0458 43131.

VITAMIN TRIAL LEAFLET

Early research

A LEAFLET giving information to those thinking about taking part in the trial into vitamin supplementation has been prepared by the trial organisers, the Medical Research Council, with the help of ASBAH.

It is called 'Information for Patients — Randomised clinical trial of folic acid and other vitamin supplementation for the prevention of neural tube defects'. Copies are available at the trial centres.

Court Enterprises joins exhibition

THE MIDLAND Association and its workshop, Court Enterprises, took part in the first ever National Exhibition of Aids for Disability held in Bingley Hall, Birmingham in July. It was one of many voluntary and commercial organisations which had stands at the Exhibition.

A wide range of professional and trades people visited the Exhibition as well as families interested in finding out more about aids and equipment for the disabled.

The Exhibition was held in conjunction with Bingley Hall Bonanza Day. There was a full sports and entertainment programme in the hall.

A 'Mardi Gras' procession to the hall heralded the start of Bonanza Day which was opened by the Lord Mayor of Birmingham, Councillor Bill Sowton. During the Exhibition and Bonanza Day there were visits from a number of well known stage and screen personalities including Sally Anne Field, Bill Simpson and David Ismay, and Birmingham City and Aston Villa Football Clubs also joined in the soccer activities.

Two join ASBAH staff

TWO NEW members of staff have joined ASBAH at National Office in the last few months.

Disabled Living Adviser, Andrea Robinson is a SRN and midwife and worked for a number of years as a staff nurse, and as a health visitor in Northern Ireland before coming to London. She joins the Disabled Living Advisory team of Mary Barton and Mary Small.

Accommodation and Development Officer, Miss Siobhan Rowe, will begin by investigating accommodation facilities throughout the country and any queries about accommodation should be sent to her at National Office. Siobhan gained a Social Administration Degree at Lancaster University and a Housing Diploma at Sheffield Polytechnic. She has worked with Barnardos as an Assistant Play Scheme Organiser.

The Orthoptist and Children with Spina Bifida and Hydrocephalus

Eye trouble — and some ways of dealing with it

It is not unusual for children with hydrocephalus to suffer some sort of eye trouble.

Here LINK carries a special article by one of the people concerned with their care — an orthoptist.

THE FIRST question on seeing this title could well be What is an Orthoptist? The word 'orthoptics' comes from the words 'orthos' meaning straight and 'optics' referring to the eyes. So broadly speaking an Orthoptist's area of concern is the diagnosis and treatment of eyes that are not straight, or rather, eyes that squint.

As much of her work is with children, she is also concerned with the assessment of vision in children. She will also treat children who have lost vision through a 'lazy eye', a condition known as amblyopia.

She is also asked, at times, to assist in the estimate of the extent to which children can see to the sides, up and down whilst looking straight ahead — the estimate of the visual fields.

What causes a squint? There are many causes of childhood squint. It is very often found that there are several factors prompting the squint in a child. All these factors need to be considered when treating that child.

Many people can trace a squint in another member of the family. So there is frequently said to be a genetic factor. For this reason we are always pleased to check the brothers and sisters of any child attending our clinics for treatment of a squint.

A very common finding with children developing a convergent or inward turning squint between 18 months and five years of age is that these squints are associated with longsightedness. In a young child the focusing mechanism normally used to bring books and closework into focus is very lively. As we get older that focusing mechanism gets less adaptable until we need reading glasses. This focusing is accompanied by an inward turning of both eyes to bring them into line with the near object.

If a child is only moderately long-sighted he can overcome that long-sightedness by using this focusing mechanism. He focuses more than normal and in doing so he also prompts his eye to turn inwards more than normal, as these two mechanisms of focusing and turning in are interlinked. This results in an inward turning or convergent squint.

The obvious effective treatment for this type of squint is to correct the longsightedness with spectacles. The spectacles assist the child to see clearly without over-focusing, he therefore does not produce a convergent squint, and his eyes are encouraged to function as a pair in a good straight position. Where the long-sightedness is not very great the glasses may only be needed full-time for a few years.

The muscles which move the eye are called the extra-ocular muscles. Each eye has six of these extra-ocular muscles. The nerve supply to these muscles is via three cranial nerves. The muscles move the eyes from side to side, up and down, and tilt the eye. For the eyes to move normally the extra-ocular muscles and their nerve supply need to be functioning normally.

One nerve which is frequently damaged if there is any increase in the intra-cranial pressure, such as in hydrocephalus, and which is also often found defective in new-born children without any signs of raised intra-cranial pressure nor neurological sign, is the sixth nerve. If the nerve is not functioning fully there will be no movement or only limited movement of the eye looking outwards. There will also be a convergent or inward turning squint.

This sixth nerve palsy may recover totally or only partially. Should a squint remain surgery may be advised. It is always worth giving the nerve and muscle adequate time to recover spontaneously. Nature, given time, may do a much better job than man being impatient.

However, it is essential to seek expert advice at an early stage so that the condition can be monitored and man's intervention made at the most appropriate and effective time should it be required.

Surgery to correct a squint is carried out by an eye surgeon. A general anaesthetic is required but is usually only of about 30 minutes duration. The position or strength of the extra-ocular muscles is altered to adjust their action on the eye and to straighten the positioning of the squinting eye.

Any squint which remains uncorrected by spectacles or other treatment may required squint surgery. The decision about which muscles to operate on and the choice of operation will be ultimately that of the eye surgeon. His decision will be made taking into account the previous reports of the orthoptist and he will generally seek her opinion.

It is a team effort based upon the experience of other similar cases and the background information relating to the amount the eye is turning and the type of squint encountered in the child to be operated on. It is information that needs to be built up over a series of visits where it is felt that the situation may be changing or there is difficulty obtaining an accurate assessment at one visit.

In my view, surgery is the final source of treatment if other methods have failed to correct the squint. I do not consider it as an alternative treatment to spectacles if the squint is adequately corrected whilst the spectacles are worn.

Because the sixth nerve is so easily damaged by increases in intra-cranial pressure, an increase in a convergent squint in the presence of hydrocephalus could indicate a problem with the functioning of the shunt.

It has been found that some children with hydrocephalus who develop a squint have a variable type of squint. It could be that the squint is controlled looking up or it may be controlled only when looking down. To see comfortably the child may adopt a head position so that looking straight ahead the eyes are straight.

If the control is looking down the head will be tilted back with the chin in the air. If it is only when looking up the chin will be tucked down. These head positions can effect posture and interfere with progress in walking.

Where squint surgery is not appropriate the treating therapists may combine to help the child view the world more comfortably. A raised chair may help so he is looking down onto his book if looking down is his best position. The child who needs to have everything at a higher level often finds a tilted desk top more suitable than our modern flat tables. The television can also be at a higher level.

Other problems related to the eyes may be loss of vision in part of the visual field, that is within the total area in which we can see. Whilst there is no treatment for this condition it is helpful for those living and working with people with this problem to know that it exists.

For instance, if the left side of the field of vision has a reduced response the child will not notice things coming from his left-hand side until they arrive near his centre of vision. A toy or cup put on his left-hand side may go unnoticed.

When he goes to school or watches television he is better sitting face straight on to the chalkboard or television screen or even with them placed slightly to the child's right-hand side.

Some children who have suffered raised intra-cranial pressure will also have suffered from damage to the optic nerve. This may permanently reduce their vision. Fortunately these problems are rare.

A much more common reason for loss of vision is from a lazy eye, a condition known as amblyopia. This lazy eye is usually only effecting the vision of one eye. It occurs most commonly in the pre-school years as a result of a squint, or the need for spectacles, which is not treated during those formative years of vision.

The usual method of treatment is for the child to wear any spectacles which are required. If the vision still remains defective after a period of time with the child adapting to them, the orthoptist will usually prescribe patching of the good eye to prompt the lazy eye into improved vision. This patching is generally carried out on a part-time basis, time varying from 20 minutes to two hours a day, depending on the severity of the visual loss and the child's response to the treatment.

Obviously such treatment must be evaluated against the prognosis for the restoration of good vision and any other treatments the child is undergoing at that time. It also needs to be remembered that whilst the treatment is prescribed by the orthoptist or eye doctor, it is the parents who will face the burden of carrying it out.

I have described some of the ocular problems encountered in children with spina bifida and hydrocephalus, many of which they share with the rest of childhood population.

Probably the most frequently encountered problems are squints and lazy eye. Treatment may include spectacles, patching and squint surgery.

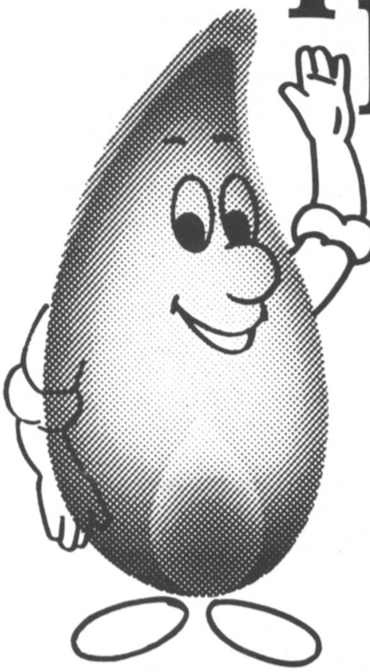
Problems of a variable squint controlled in certain positions may be helpful by careful positioning of the child as many problems relating to the loss of field of vision.

The orthoptist will form part of the treating team with the eye doctor, the occupational and physiotherapists.

My acknowledgements and thanks are due to the Ophthalmologists, with whom I work at the Oxford Eye Hospital and the Hugh Ellis Paediatric Assessment Centre, where I work with the help of Paediatricians, Occupational Therapists, Nursery Nurse and Physiotherapists, also to School Nurses and Teachers in Special Education within Oxfordshire.

CATHERINE WORTHAM
Head Orthoptist for
Hospital and Community Services,
Oxford.

"Help yourself to the help you need."



British Gas offers a wide range of help to those who need it most—elderly and disabled people. If you have a disability—or have friends or relatives in need of help—here are some of the ways in which we can make life easier for you.

COOKING

For those with hand disabilities, many gas cookers can be fitted with special handles and controls. And remember, most new gas cookers need no matches to light them, because they have automatic ignition.

If you are confined to a wheelchair, you may find either a cooker with a waist-level grill or a built-in cooker helpful.

For those with failing sight or blindness, special braille thermostats are available for most gas cookers, together with braille cooking charts.

GAS FIRES

Many gas fires are available with easily accessible top controls, to save bending, and most fires light automatically when turned on.

And for those people with hand disabilities, a special tap adaptor may be fitted to a number of fires.

CENTRAL HEATING

Gas central heating needs very little attention and can be set to your own particular pattern of living. Time controls and room thermostats help to save gas and keep running costs down.

PAYING FOR GAS

The Code of Practice for the payment of domestic gas and electricity bills offers advice to customers who are unable to pay their fuel bills because of real hardship. Copies of the Code are available from gas showrooms and local offices, Citizens Advice Bureaux and other advice centres.

If you are blind, severely sick or disabled, you should tell us so that an acceptable method of payment may be agreed with you and so avoid possible disconnection.

Pre-payment gas meters can be re-positioned at a convenient height for disabled people, and special extended handles are available.

HOW TO HELP YOURSELF

Go to your local gas showroom. If you cannot go, contact the Home Service Adviser of your Gas Region, who will be happy to call on you at home and provide advice free of charge. (You'll find the address and telephone number in your local telephone directory under GAS).

MORE HELP

For information about other ways in which we can help—with safety and economy hints, for example, or with a choice of ways in which you can spread the cost of your gas more evenly throughout the year—contact your local Showroom.

BRITISH GAS

answering service

your questions answered by experts

My daughter who suffers from spina bifida has met someone whom she hopes to marry next year. However, she looks to me for guidance on emotional/sexual problems and I find I am quite unprepared for this situation and feel unable to help. Can you suggest any literature which may be of help?

Many parents find difficulty in discussing such personal matters with their children and therefore ASBAH recently produced (with the Spastics Society) the second edition of the Association's very successful book ''Sex for Young People with Spina Bifida or Cerebral Palsy'' and you may find it helpful to obtain a copy from National Office. Price £1.25.) ASBAH also offers a personal counselling service through Collette Welch who specialises in counselling in emotional/sexual matters. She can be contacted via the address given below.

SPOD, an organisation dealing with sexual problems of the disabled also issues a series of leaflets designed to answer many of the queries a disabled person may have. They, too, offer a counselling service.

We would like to take a holiday as a family but our granddaughter is unable to sit up and therefore we cannot travel by car. We thought a caravannette might be useful but have been unable to find one for hire through the usual hire agencies. Can you suggest a possible source?

John Groom's Holiday Dept. have a motor caravan for hire for periods of one or two weeks. They can be contacted on 01-802 7272.

There are other possibilities and if you care to ring us giving details of the other sources you have tried, we may be able to offer other suggestions.

Teresa Cole — Fieldwork Coordinator

Please remember that ASBAH National Office staff are always happy to answer any queries you may have. We can be contacted on 01-388 1383, or write to — Tavistock House North, Tavistock Sq., London WC1H 9HJ.

DIFORA offers a share of the sun

PARQUE DEL SOL is the name of a unique, purpose-built holiday hamlet for disabled people which is being planned in the Canary Islands. It is situated on the tranquil island of Fuerteventura, and the 60 villas of the hamlet are being offered for sale on a time-ownership basis.

For £5,400 you can buy two weeks in one of the villas every year for life, and enjoy all the many facilities being offered.

Parque del Sol will be centrally situated in one of the biggest leisure developments ever seen, covering over four square miles of the island. The whole development will consist of villas, apartments, hotels, a marina, golf clubs, Casino, restaurants, shops, parks, swimming pools and many sporting facilities. The developers aim to create a luxurious holiday spot with the accent on plenty of space.

Residents of Parque del Sol will be able to enjoy all these attractions and in addition have their own special facilities. The reception area will be staffed by medically trained personnel, and a central control for distress alarms will be linked to all villas. Just 15 minutes away there will be a new hospital. Beach access has been catered for as has transport to and from the airport in a special coach. This coach will be available for sight-seeing trips on the island.

Parque del Sol will have its own specially equipped swimming pool, restaurant, bar, cafe and shops. Each villa has a patio and sea view and is fitted out to a high standard. Each is designed and equipped to suit someone who is disabled and in a wheelchair.

Difora UK (part of the Ventura organisation) is in charge of the development. They report that the infra structure has been completed including all roads, drainage, a desalination plant and an electricity supply brought 11 kilometres over the mountains.

Once enough time ownership shares have been sold, work will start on building the villas, etc.

In addition to the purchase price, there will be a maintenance charge of about £50 per week for each week owned. A time ownership share becomes part of your estate and as such can be sold by you at any time or passed on to your heirs.

Continued on p. 19

Some guidelines on the new law and how to get the best from it.

THE REVISION of special education law came into force on 1 April 1983 (see LINK nos 79 and 83). For the first 12 months following this date certain transitional arrangements operate, but some important aspects of the new arrangements are already in force.

Local Education Authorities (LEA's) have received new regulations from the Department of Education and Science, together with a circular (1/83) for their guidance. Many LEA's are still discussing these documents and a clear strategy for change may not have emerged in many areas. However, this should not deter parents from seeking appropriate information, assessment and placement for their children.

Children already receiving special educational treatment.

These children will be taken as having special educational needs and a Statement will be made for them. LEA's have 12 months (until 1 April 1984) to prepare the Statement. A "new style" assessment will *not* be undertaken, as assessment will be assumed to have taken place prior to the current placement.

Parents cannot appeal against these Statements unless the provision described is different from that made before 1 April 1983. However parents can request a formal assessment under Section 9 of the Act, and this is unlikely to be unreasonably refused.

Children aged 13½ - 14½ years.

The new regulations include a mandatory re-assessment during a period of 12 months from the day the child reaches the age of 13 years and 6 months, unless an assessment has taken place in the previous year. This applies to children in respect of whom the LEA maintains a statement.

If your child is in this age group and is receiving special educational treatment, you should write to the Head and LEA Education Adviser asking for a re-assessment, even if you haven't yet received a Statement. This assessment will play an important role in planning for post -16 provision and should include some reference to possible alternatives.

Formal Assessment (Section 5, Section 9 of the Act).

The request for a formal assessment may come from parents or LEA staff; in either case the decision to assess is made by the LEA. The Authority, however, must comply with the parents' wishes subject to certain criteria and unless they are of the opinion that assessment would be "unreasonable" or "inappropriate".

Once the LEA has decided there should be an assessment, parents must be sent details of the procedure and the name of the officer of the LEA to whom they should go for further information, and notification of their rights to make representation about the proposal within 29 days.

It is therefore important that parents consider the type of information and comments they wish to send in to the LEA, and whether there are any other people they wish to contact, either for help in preparing their representations or to provide information to be sent in. ASBAH's Fieldworkers and National Office staff are happy to help parents faced with this daunting task, and appreciate the need to respond quickly.

There is no prescribed form on which parents should send in their views, a letter will do. However, parents might like to consider the following:

- Child's present physical state: general health; mobility; independence, including dressing, hair brushing, etc; methods of management of physical needs, for example incontinence, and how successful these are; likely future changes in treatment or therapy; general comments on how these affect your child's everyday life.
- Relevant history: (both personal and medical) of your child, and of yourself too, if you wish.
- Your child's skills and interests: favourite toys and books, etc; types of games played — do you start games or does your child suggest them?; hobbies; sports; how well the child talks, reads, tells the time, etc., at home.
- Family and social situation: ages of brothers and sisters; schools attended and how this influences your wishes regarding placement of the child with spina bifida and/or hydrocephalus; how your child gets on with other children, for example cousins, neighbours' children, etc.;

anything else which paints a picture of the sort of social life your children lead.

- Experiences: play groups or nurseries attended; holidays; whether your child has been away from home with other relatives or anyone else, other than to hospital.
- General: your feelings about your child's needs and your aims as a family for the next few years.
- Supporting information: this might come from Health Visitors, Hospital Consultant, Playgroup Assistant, ASBAH, etc.

It is entirely up to you how much, or how little, imformation you provide. The above headings are just suggestions. Any information you send in, will be circulated to all the professionals assessing your child. If you prefer to tell someone else what you want to say, and get them to write it down, you should contact the LEA's named officer who must agree a written summary with you.

Once the assessment has taken place, you will be sent a draft Statement by the LEA and you can make comments on it or ask for a meeting within 15 days. After considering parents' views the Authority may then make a formal Statement, a copy of which must be sent to the parents together with notice of right of appeal and the name of a person to go to for advice and information.

Statements must be reviewed every 12 months.

Full details of the Assessment and Statement procedures and all aspects of the Act are laid our in the ACE Special Education Handbook by Peter Newell, available from ASBAH £1.50 + postage and packing.

Can I get independent advice/ assessment regarding my child?.

An independent panel of special education experts is being set up on a voluntary basis. This aims to help parents of children who may have special educational needs and who are concerned about LEA's assessments or proposals for the education of their children under the Act.

Parents can be put in touch with qualified and experienced experts who are willing to provide second opinions, prepare written reports, and if necessary appear as witnessess for parents who appeal against special education decisions. You can contact the panel c/o 26 Compton Terrace, London N1 2UN for more information, or if you are interested in being on the panel's list of experts.

Children in the care of Local Authority Social Services Dept. Dept. of Education and Science.

The Circular (1/83) includes in the definition of "parent", a guardian and every person who has the actual custody of the child or young person. When a child is in care, the Director of Social Services should involve the child's natural parents according to the circumstances of each case.

Further advice and interpretation is needed, but it would seem reasonable to keep a child's natural parents fully involved in the processes, also foster parents, heads of residential homes, etc. It is important that all those connected in any way with children in care ensure that Social Services Departments make adequate arrangements for the proper representation of children with special educational needs under the new law.

Other sources of advice and information.

Apart from ASBAH's National Staff and Fieldworkers, the following organisations offer help and advice.

- The Childrens Legal Centre, 20 Compton Terrace, London N1 2UN. (Telephone enquiries 01-359 9392. 2 p.m. to 5 p.m. Mon. to Fri.).
- Advisory Centre for Education (ACE), 18 Victoria Park Square, London E2 9PB (01-980 4596), has publications and information on the education service throughout U.K.
- Centre for Studies on Integration in Education, c/o The Spastics Society, 12 Park Crescent, London W1N 4EQ; produces fact sheets and summaries of Dept. of Education and Science regulations and circulars, and information on integration in practice.

BARBARA NEWMAN
ASBAH Services Director

Here's a new space saver!

A SPECIAL vehicle sticker for disabled people to use in public parking areas has been produced. Self-adhesive and brightly coloured, the sticker asks other car owners to leave enough space for wheelchair users to get into their vehicle.

It is available from Gowrings Mobility International, The Grange, Lower Way, Newbury, Berkshire RG13 4PH. Please send £1 to cover post and packing.

"Cohesive"

OSTOMY SEALS

The most modern ostomy seals available have been formulated to do away with some of the irksome tasks of the past. Cutting to fit with scissors for instance is now a thing of the past, you simply stretch the "Cohesive" to the desired shape and mould it to fit the stoma. This is possible because "Cohesive" Ostomy Seals do not rely upon a plastic film covering nor laminate to stabilize the substance.

"Cohesive" Ostomy Seals can remain in position for several days without renewal, due to a slower rate of dispersion than most other products.
Folds and scar tissue surrounding the stoma can be filled with "Cohesive" which forms a perfect base for most ostomy appliances.
Additional adhesives are unnecessary, "Cohesive" Ostomy Seals are extremely tacky upon both surfaces.
"Cohesive" Ostomy Seals can be used on broken or excoriated areas of skin, to produce a soothing effect which allows healing to take place.
"Cohesive" due to its slow rate of dispersion, is excellent for urinary diversions and for fistulae.
Available large size 95mm ($3\frac{3}{4}$") dia., small size 50mm (2") dia.

"Cohesive" Ostomy Seals are so easy to use.

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If you would like to try "Cohesive" Ostomy Seals please complete the coupon and return to Salt & Son Ltd. & you will receive a sample & full instructions free from charge. Use the Freepost address, a postage stamp is not necessary

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L/7/C

COVER STORY

And then there were four . . .

TWINS Gemma and Jodie Parkinson get the full treatment from their parents, Jackie and Philip. LINK was able to report in the last issue that Jackie, who has spina bifida, gave birth on June 15 to this healthy pair.

Douglas Endersby, Chairman of Greenwich Association to which Jackie and Philip belong visited them in hospital and came away with this close-up look at the twins especially for LINK readers.

They are continuing to do well and Jackie and Philip are embarking on the time-consuming, but rewarding job that lies ahead — caring for the day-to-day needs of their demanding daughters.

Some advice on home ownership

A GROWING number of disabled people are now buying their own homes, or aspire to home ownership but find it difficult to obtain informed advice.

A new publication attempts to answer some of their questions and to list some of the options available to them. It is called 'Buying or Adapting a House of Flat'. It's a consumer guide for disabled people published by the Centre on Environment for the Handicapped with the support of Anglia Building Society.

The booklet includes a checklist of questions for prospective purchasers, advice on how to find suitable new-build or second-hand property, with details of some initiatives specifically for disabled people, and information on raising the money.

There is a section on adaptations which covers grant aid and eligibility, possible alterations and how to arrange for the work to be done. Local and national sources of help are listed and case studies illustrated the experience of disabled people.

Available price 50p (which includes p and p) from CEH, 126 Albert Street, London NW1 7NF.

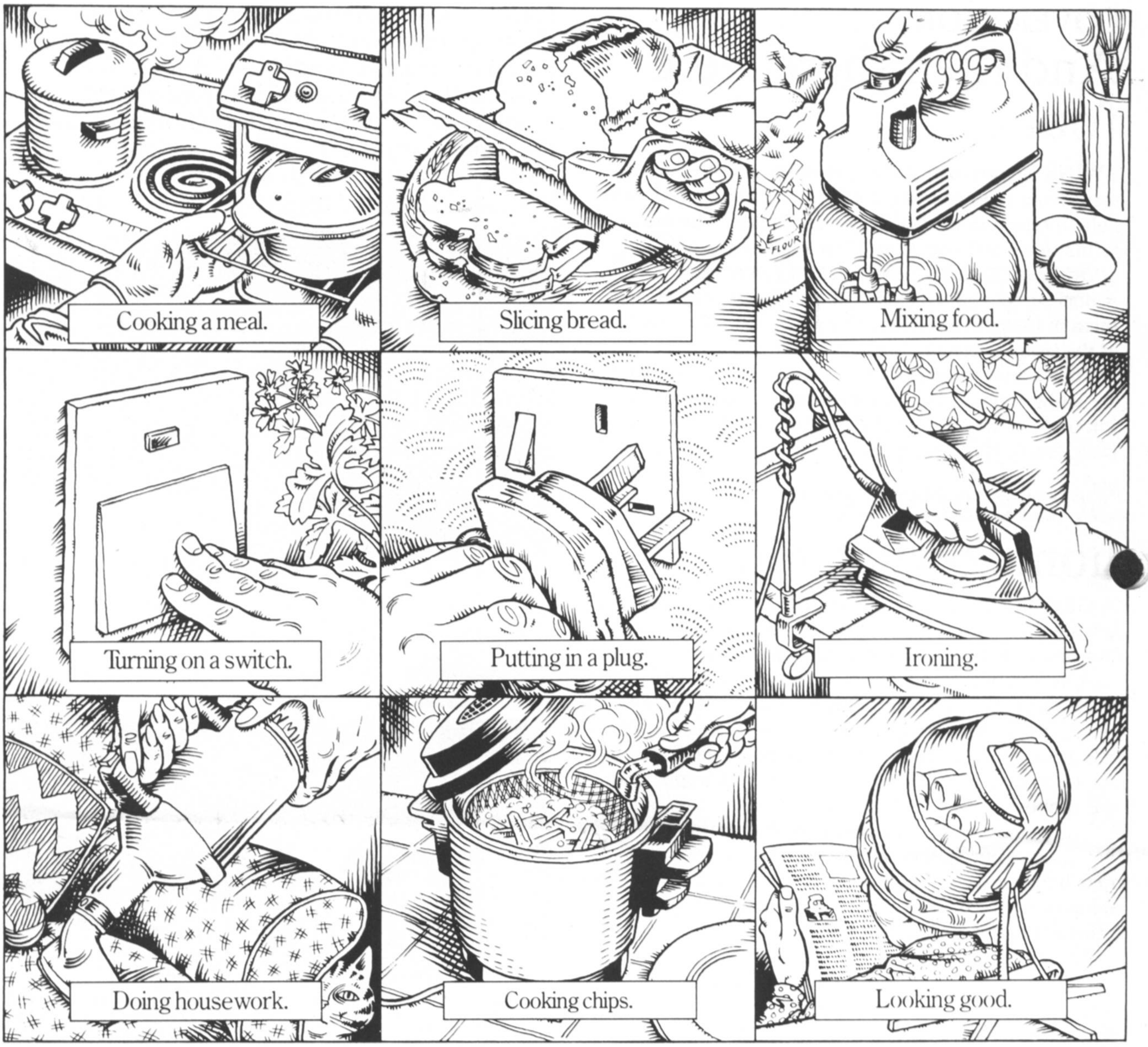
Change in Allowance rules

FROM now on parents who receive Attendance Allowance in respect of their physically or mentally handicapped child will continue to receive this for up to four weeks even if their child goes into residential accommodation or into hospital.

Mr Tony Newton, Minister for the Disabled, commented "I am delighted that we have been able to make this change. I hope it will give further encouragement to the development of respite care schemes, which can be a vital form of support for devoted parents looking after a severely handicapped child."

The new regulations, which took effect on August 8, have brought children in residential accommodation into line with the adults and with children in hospital. It is estimated that this change will result in some £300,000 in additional Attendance Allowance being paid to parents in a full year.

FAST AND FURIOUS — three competitors in the track events caught by the camera during the recent International Stoke Mandeville Games. In all there were 740 competitors from 37 countries. Christine Edwards writes about the Games on page 3.
PHOTO: Paul Edwards and the British Paraplegic Sports Society.



Is it this easy in your home?

At your Electricity Board, we have a leaflet called "Making Life Easier for Disabled People".

It contains lots of helpful ideas and lists many electrical appliances which can make life easier.

Appliances such as table-top mini cookers. Electric knives which require only a slight pressure to operate. And small, hand-held vacuum cleaners which can be used for dusting, too.

The leaflet also gives details of brailled controls that can be fitted to certain electrical appliances. And specially designed attachments for plugs and switches which afford easier handling.

The leaflet is free, from your Electricity Board shop. Or you can write for a copy to the Electricity Council, Information Centre, 30 Millbank, London SW1P 4RD.

THINK ELECTRIC

The Electricity Council, England and Wales.

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An Advance in mobility: the Parawalker

Andrea Robinson and Mary Small, Disabled Living Advisers at National Office, report on a very encouraging development . . .

HAVING read an article in the Sunday Times (9.6.83) on a new device called the ''Parawalker'', we thought we would like to know more about it, and so we contacted Mr John Patrick, an orthopaedic surgeon, who now leads a team of professionals in a Research Unit at the Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry, Shropshire.

We were invited to the Research Unit to see the Parawalker and also the Swivel Walker and discuss the advantages that these mobility aids could offer, with Mr John Stallard, an Engineer and the units Deputy Director.

The Swivel Walker was developed to provide mobility and greater independence, initially with the spina bifida child in mind. It allows people paralysed from the waist down (from children of 15 months to adults) to ''walk''.

Those who are able to master the use of the device are held upright in a rigid stable frame, the baseplate of which is mounted on swivelling footplates and can learn to walk by simply rocking from side to side, using head and upper trunk movements. Ambulation is achieved without the aid of crutches and the wearer has free use of hands for other activities.

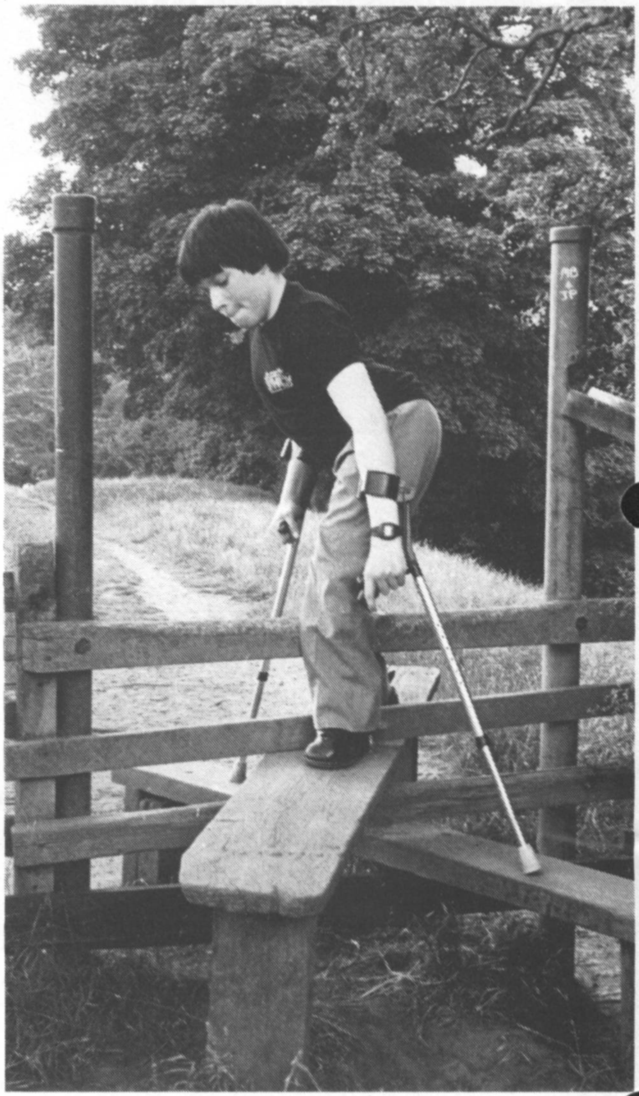
The Parawalker (also known as a hip guidance orthosis) was developed when it was realised by the Oswestry team that a more versatile device was needed as the children grew up.

As with the Swivel Walker, the user changes the position of his centre of gravity by leaning one way or the other so that one leg after the other swings forward while the body is supported by crutches. Unlike the Swivel Walker, the user can sit down while wearing the device.

There are many benefits to be gained through its use. Psychologically, it can mean a new outlook on life; for some children, it can mean being able to stand at a normal age. Psychological benefits include, improved urinary drainage and bowel function and fewer spontaneous fractures because weight bearing through the skeletal structures helps maintain bone strength.

We are hoping that Mr John Patrick and Mr John Stallard will write a more detailed account of their work in a further edition of LINK. In the meantime, we would welcome any queries.

Derek — out and about in the country



Even a country stile is not too much of an obstacle for 14-year-old Derek Griffin. This excellent photograph of Derek was sent in by his father Howard Griffin. Derek lives in Acomb, York and is a pupil at the City's Nunthorpe Grammar School.

Calling Correspondents

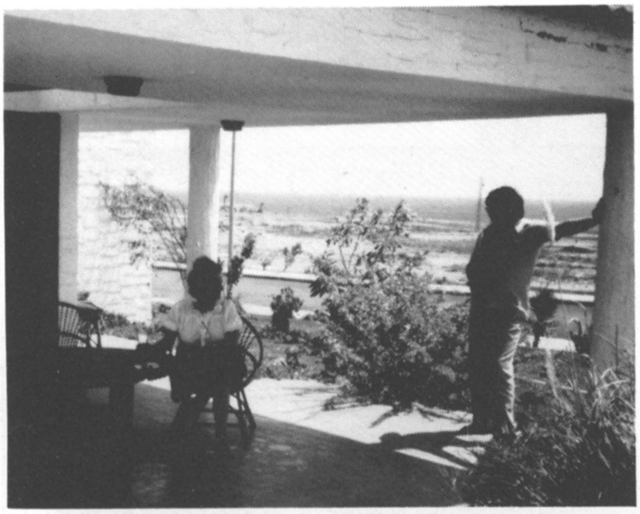
ONE OF the main aims of LINK is to carry news about local associations and items from individual members, like that from the Griffin family (see above).

The whole magazine and particularly the Round-up page, is a 'link' between associations in all parts of the country. It can only be this, if you all make an effort to send in items regularly.

A good way of ensuring that association news is fully reported is to appoint a LINK correspondent who can make it their responsibility to keep me in touch with the things that you and your members are doing.

You can contact me direct at home: The Gables, Long Lane, Wrington, Avon. Tel: Wrington 862279. Hope to hear from you soon.

SUSAN GEARING
LINK, Editor.



The shady terrace of a Fuerteventura villa with a view of the sea. This is on offer at the Parque del Sol development especially with disabled holidaymakers in mind.

ASBAH booklets

ASBAH's new booklet 'Life and Death' reviewed in LINK (May/June) is the second in a series of square-shaped easy-to-read publications. The first — Little Joe — is the story of how a grandmother coped with the sudden arrival into the family circle of a spina bifida baby. It is a wonderful moving and encouraging story written in an evocative way by 'Little Joe's' grandmother, Winifred Foster.

'Life and Death' is available from ASBAH National Office, price 75p plus post and packing. 'Little Joe' is available at 50p plus p & p.

Continued from Page 11

DIFORA offers a share of the sun

Mr George Wilson, Director of the Royal Association for Disability and Rehabilitation (RADAR) has recently returned from inspecting the site. RADAR, whose consultant architect and other advisers have been involved with the planning of Parque del Sol, will be keeping a close watch on the development and will act as Trustees.

RADAR will hold all funds paid in Britain by purchasers in a special account until it is satisfied that the villas are completed to the necessary standard and specification.

Arrangements have been made with the airline Aviaco to provide direct flights to Fuerteventura from a number of different airports in Britain. The cost of a return flight will be about £150.

A number of voluntary organisations are said to be interested in buying time for their members in Parque del Sol, and the developers, Difora, are looking at ways of encouraging fund-raising. Currently they are offering a two week holiday in the Canary Islands as a prize in raffles run to raise the necessary £5,400 for a time ownership share.

For more details about Parque Del Sol contact: Difora UK Ltd., Bush House, 72 Princes Street, Bristol BS1 4HU. Tel: 0272 290651.

DESPITE the uphill struggle to raise sufficient funds for ASBAH's needs, the Appeals department buckled to and organised a number of successful outdoor events during the long summer months.

A sight for thirsty eyes — four bottles of Guinness pose before the "ASBAR" during our Monopoly Marathon.

The "ASBAR" complete with "bar staff" returning from its push round London at ASBAH's Monopoly Marathon.

Monopoly played out in the streets of London

THIS YEAR, a notable fair weather blockbuster was ASBAH's second Monopoly Marathon which took place on Sunday, June 26.

Under the now uniquely experienced guidance of Appeals Organiser, Madeleine Legg, the grand old game was once more taken off the board and put firmly down in the streets of London.

Nearly a thousand enthusiastic participants turned up attired in a superbly bizarre array of costumes. All of them were backed by sponsors and their average sponsorship figure was in the region of £15.00.

Their task was to visit thirty real live locations mentioned on the Monopoly board and they could choose any means of transport with which to accomplish this goal.

The Monopoly Marathon started and finished in Berkeley Square. It was sent on its way by Gyles Brandreth, the radio and television personality who is also a former European Monopoly Champion.

Gyles delivered a speech of inspired irreverence and then our motley army set off around London with a roar that must have frightened the nightingales away for ever. A few hours later, the first successful contestants started to trickle back into the square.

As in an ordinary Monopoly game, they had picked up "Chance" and "Community Chest" cards en route. Some cards condemned the holders to three minutes incarceration in a mock gaol kindly lent by Amnesty International. Others however found themselves taking part in a beauty contest, judged by a noted — if hirsuite — beauty, Mr Wille Rushton.

With sponsorship money still coming in and with brochure advertising producing an additional income of over £5,000, this year's Monopoly Marathon must clearly rank as a success. What's more, the event has generated a wealth of good will towards ASBAH on the part of literally hundreds of happy participants.

Madeleine hopes to see them all back next year for our third Monopoly Marathon.

Much more than a lot of hot air

A MORE peaceful, though no less spectacular, means of trying to help ASBAH make ends meet was the despatch of 2,400 balloons into the skies over London on July 18. Each balloon had been sponsored by a commercial enterprise and there was a range of prizes for the person who chose the lucky balloon.

This particular venture has produced a boost of £65,000 for ASBAH's funds.

However, it would be wrong to conclude that this sum of money was simply the result of tying up the balloons' ends and then letting go. Without months of dedicated work in raising sponsorship on the part of our telephone sales department, there would have been no money at all — just literally, a load of hot air.

Continued from previous page

Friends prove themselves again

NO DOUBT some of LINK's readers will envy the healthy outdoor life enjoyed by our Appeals staff. In fact, we spend most of our time indoors and channel just as much work into traditional fundraising activities as we do into pace-setting extravaganzas.

A case in point is our summer mail shot to all of our regular donors. However deep the recession and however short of money many undoubtedly are, our tried and trusted friends have not failed.

With their help and that of many new friends we hope we will be able to bridge the gap between infinite needs and ASBAH's finite resources in the months ahead.

IAN MORRISON
Assistant Appeals Director

Willie Rushton makes the acquaintance of a lucky beauty contest winner at ASBAH's Monopoly Marathon.

Video 'argues' housing case

A NEW video is available for hire on the subject of various forms of non-institutional housing for disabled people.

'Independent Living' — (The alternatives to segregated residential institutions for physically disabled people) was directed by disabled members of the Greater Manchester Housing and Disability Group.

Through the experience and opinions of disabled people it argues the case for different kinds of non-institutional housing, incorporating necessary features and assistance for secure integrated and active living for people who need extensive personal help.

The video is made in black and white, is on VHS cassette, and lasts 40 minutes. The hire fee is £5 plus post and packing.

Contact: Dorothy Whitaker, or Jennifer Graham, Greater Manchester CVS, St. Thomas Centre, Ardwick Green North, Manchester. Tel: 061-273 7451.

SPOD has moved

THERE has been a change of offices for SPOD — Sexual Problems of the Disabled.

They are now at 286 Camden Road, London N7 0BJ. Tel: 01-607 8851.

CLASSIFIED 'ADS'

The advertisement rate is:
£2.25 for up to 30 words. £3.30 for 30-45 words.
£4.50 for 45-60 words.
Please send remittance with your advert.

Adverts for the next LINK (Nov./Dec.) should be in by Oct. 5. Send to the Editor Mrs. Susan Gearing at home: The Gables, Long Lane, Wrington, Avon. Tel: Wrington 862279.

CHRISTMAS is the time for thinking about seaside breaks during the warmer months. Make sure your local association's holiday chalet, bungalow or caravan is advertised in the next LINK.

HOLIDAY ACCOMMODATION

HEYSHAM, Nr. Morecambe. Purpose built 6-berth fully equipped mobile home. Convenient and accessible for the largest wheelchair. Large bathroom. Details: Mrs H. Campbell, 5 Roman Way, Whitchurch, Shropshire. Tel: Whitchurch 3691.

MABLETHORPE. 2 fully equipped cedar chalets on Links estate. Sleep 6. Further details: Mr B. Guest, 57 Bloxwich Lane, Walsall. Tel: Walsall 31725.

WITHERNSEA: Well-equipped 6-berth chalet at Golden Sands Chalet Park. Shop, licensed club, play areas, amusements on site. Details (sae please): Mrs P. O'Callaghan, 14 Dyer Lane, Wheatley, Halifax. Tel: 0422 56402.

BORTH, Nr Aberystwyth. 6-berth de luxe holiday home. Licensed site. Suitable for wheelchair users who live independently. Details: J. Carter, 1 Meadow Road, Craven Arms, Shropshire.

WINTERTON-ON-SEA, Nr Gt Yarmouth. Fully equipped chalet. Sleeps 6. Indoor heated pool, shop, amusements, take-away snacks, club room, play areas. Details: Mr R. Morris (0494) 32184.

PRESTATYN, North Wales. Bourne Leisure Camp. 6 berth caravan. Near Prestatyn railway station. Fully fitted, running water, flush toilet, electricity, TV, Ramp, Ascot water heater. Details: Mr W. Gilcrest, 41 Folkestone Road, West Clayton, Manchester. Tel: 061-223 8557.

ASBAH booklets, etc . . .

Your Child with Spina Bifida, by J. Lorber, MD, FRCP	35p
Your Child with Hydrocephalus, by J. Lorber, MD, FRCP	35p
Children with Spina Bifida at School, Ed. P. Henderson, CB, MD, DPH	50p
Sex for young people with spina bifida or cerebral palsy	£1.25
The Nursery Years by Simon Haskell & Margaret Paull	35p
Little Joe (A Grandmother's story) by W. Foster	50p
Life & Death—thoughts on bereavement	75p
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, Hindu, Punjabi and Urdu. Welsh language sheets are now ready too. All available from ASBAH. (Special rates available to Local Associations.) Please allow 20p per booklet postage.

Scottish Spina Bifida Association Booklets

Growing up with Spina Bifida	35p
The Spina Bifida Baby	35p

both by O. R. Nettles, McSP, ONC.
Available from: The Scottish Spina Bifida Association, 190 Queensferry Road, Edinburgh EH4 2BW (at special rates for bulk orders).

FUND RAISING AND PUBLICITY MATERIAL

Posters

Best Foot Forward 20 x 30 in.	**10p each**
Best Foot Forward 15 x 30 in.	**10 for 40p**
For local publicity 15 x 10 in.	**10 for 40p**
Car Stickers	**13p each**
Plastic Lapel Badges	**8p each**

All available from Appeals Dept.—postage extra.

Film 'Appeal for ASBAH' 10 mins **16 mm Colour/Sound**	**£4 Hire**

The Appeals Dept. carries a range of fund-raising and publicity items, i.e. posters, pens, key rings, games. Send for list and order form.

Flag Day equipment can be obtained direct from: Angal, 48a Holmbush Road, London SW15 3LE (01-788 5464).

EXCHANGE & MART

Leisure Wear: White cotton **Tee Shirts** with green family symbol and words 'Support Spina Bifida'. Adult sizes, small, medium, large: £3.75 each. **Sweat Shirts** in reverse colours. Adult sizes, small, medium, large, XL: £7.50 each, postage included. From Mrs M. Humphreys, 27 Orchard Way, Holmer Green, Bucks.

WANTED: Second-hand automatic car with hand controls. Up to £3,000 cash available. Phone: Oxford 246174 or write: Mr Chris Miller, 6 Gordon Close, Old Marston, Oxford OX3 0RG.

Have you anything you would like to advertise in the Exchange & Mart column?

Directory

BARNSLEY
Mr B Fairclough,
2 Padley Close, Dodworth,
Barnsley, S. Yorks.

BEDFORD & DISTRICT
Mr I Pickering,
3 Mortimer Road,
Hillgrounds Kempston,
Bedford. Tel: Bed. 856992.

BOURNEMOUTH, CHRISTCHURCH & DISTRICT
Mr R A Frake,
54 Puddletown Crescent,
Canford Heath,
Poole, Dorset.

BRISTOL
Mr S Egan,
64 Rookery Road,
Knowle, Bristol 4.
Tel: Bristol 777942.

BROMLEY
Mrs M Nation,
13 Ash Road,
Green Street Green,
Orpington, Kent.

BUCKS & E. BERKS
Mrs R Storr,
2 Lower Icknield Way,
Aston Clinton, Bucks.
Tel: Aylesbury 631328.

BURY & BOLTON
Mrs Beth Day,
26 Catterall Cresc.,
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