

OCTOBER 2014 ISSUE 123

forward



40 years of rebuilding lives after spinal cord injury



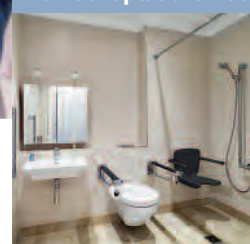
**St Francis Ward's
10th Anniversary**

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Home adaptations 30



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Jamie Rhind C5/6

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OCTOBER 2014
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forward message

At this year's AGM, my tenure as SIA Chair will come to an end. It has been an exhilarating three years.

During my time as Chair, SIA has progressed a great deal, despite a difficult economic climate. SIA now supports more people affected by SCI than ever before. Our service development has meant we now educate, advise and campaign on behalf of all people affected by SCI.

Since SIA was formed our commitment has been to ensure SCI people are valued, have an equal role to play and an equal right to be heard. I will continue to support SIA as an SIA Trustee and I will ensure that we remain true to that message in the future.

I am grateful for having had the opportunity to be SIA Chair and would like to thank all the SIA staff for their hard work. Thank you also to the SIA Trustees who give their time freely. I have enjoyed working with all of you and I wish Michelle Howard, the incoming Chair, every success in the role she will take up after the AGM.

The AGM, taking place on 16 October 2014, is set to be a memorable day with the attendance of SIA's Patron, HRH The Princess Royal. I am delighted that many of you have already committed to attend and I hope to see you there.

Jonathan Fogerty C5/6, SIA Chair

forward is available to download from the member profile area on the SIA website.

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Find out more about us at www.spinal.co.uk

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What's happened to the provision of care in our SCI Centres?

In 1971 I was involved in a road traffic accident and became spinal cord injured. I was admitted to the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital, and since then I have always been treated there. I gave birth to my son at the Royal Bucks in Aylesbury so that the spinal consultants were nearby and I went to the NSIC for a urostomy operation and a hysterectomy.

I have always taken pride in the fact that I have been disciplined in my own care. For example, I check my skin in a mirror every day (the NSIC way!) for any unwelcome marks and if I were to see any, I'd lay off the area for a short while to prevent further inconveniences. In 43 years of being a paraplegic I had never had a pressure sore.

Unfortunately, I recently came home from Milton Keynes General Hospital with a pressure sore. I had to spend two weeks in bed and quite a few more being extremely careful not to sit for too long.

As an emergency patient, I was taken to Milton Keynes as it was the nearest hospital to me.

The doctors in the A&E department were brilliant at diagnosing and treating my biliary sepsis, but once I was stabilised and moved onto a ward things were not so good. The staff were not allowed to do manual evacuations; the reason being that the procedure is too invasive, however, they were able to put a gastric tube up my nostril and into my stomach, and insert a cannula into both arms!

I asked if I could be transferred to the NSIC and even phoned the centre myself, to be told there were no beds available. I was also told that if I was to find myself in a general hospital

it was up to me to say how I needed to be treated. I was admitted as an emergency, and wasn't well enough to think that it probably wasn't a good idea to be lying on a hard trolley for hours. I was eventually put on a pressure-relieving mattress, but I couldn't turn myself on it. The bed was extremely hard and uncomfortable on my shoulders. I am sure that the mattress wasn't adjusted right. I mentioned this to various doctors, nurses and healthcare assistants, who all fiddled with the adjustments but never got it quite right. No one knew how to operate it. When I asked if I could be put on a normal mattress, I was refused.

Why are we not able to access SCI Centres when we need to? When I was first paralysed I was assured that the NSIC would always be there for me. So what happened to Sir Ludwig Guttmann's dream of health and longevity for people who become paralysed? It is because of Poppa Guttmann that our generation of SCI people are living longer and into old age. Please let his good work continue, after all, he was one of the most forward thinking people of the 20th century.

Without the specialist nursing that the SCI Centres can give, it is worrying to think what will happen in the future.
Annette Holcroft T6
SIA Member



The views and opinions expressed in forward are not necessarily those of the Spinal Injuries Association. We reserve the right to edit letters sent for publication. The deadline for receiving contributions for the December issue is 3 November 2014.

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Q Where can I find information on accessible properties to rent?

A There are a few websites that have been set up to provide you with the details of accessible properties to buy or rent, throughout the UK. Here are a few:

Accessible Property Register:
www.accessible-property.org.uk
 Habinteg: www.habinteg.org.uk
 Little House Company:
www.thelittlehousecompany.com

Q I recently attended SIA's *Choosing Your Wheelchair* training course, which was excellent. Are there any housing training courses planned for the future?

A Yes, there are housing training courses scheduled for October and November 2014, and February and March 2015. They will be held in various SCI Centres. For more information visit www.spinal.co.uk/page/housing. To book a place fill in the online booking form, or call Sandra White on 0845 678 6633 ext 245.

Q The lease on my Motability car is coming to an end and I would like to go for a completely different model next time. Is there a resource where I can find the dimensions of the car I want?

A You can search for the car you're looking for on www.motability.co.uk using the car search facility. You will be able to view a photo of the vehicle with specifications. Scroll down and click on 'accessibility details' to find all the dimensions you need, from boot length to seat height.

Q Could you tell me about the civil penalty that can be incurred regarding benefit payments?

A Since October 2012 the Department for Work and Pensions (DWP) and local councils have had the power to impose a fixed-rate civil



penalty of £50, on benefit claimants who have been overpaid a benefit. The overpayment of benefit must have been caused by a person either:

- a** negligently making incorrect statements and failing to take reasonable steps to correct the error, **or**
- b** failing, without reasonable excuse, to provide information or to disclose changes in their circumstances.

For further information visit www.cpag.org.uk or call Ray Cross on the Freephone Advice Line: 0800 980 0501.

Q My wife is my carer but the day might come when I need additional support. How do I find a carer with SCI knowledge?

A This is a common question. The Advice Line has a list of care agencies (most have been recommended by members), who have knowledge of SCI. For more information or a copy of the list please call the Freephone Advice Line.

Q I receive direct payments and a personal budget. My main carer is on sick leave and I have to pay her statutory sick pay, which I'm unable to claim back from HMRC as of April 2014. My social worker is not getting

back to me about increasing my payments to cover this cost. What should I do next?

A The council has a duty to make sure that your direct payment covers the cost of all your needs that they have agreed to meet in your assessment and your support plan.

If you can budget the money you already receive to cover the statutory sick pay and the cost of extra care you need, then what they are already paying is enough to cover the costs, and they have carried out their duty.

If you're not able to cover these costs with the existing money, the council has a duty to increase the payment in order to cover the actual costs of continuing to meet your needs as agreed in the assessment and care plan.

Contact your Direct Payments Support Service as they will be able to give you more advice on this issue.

For more information on any of the topics in this section, please call the SIA Advice Line on Freephone 0800 980 0501. The Advice Line is sponsored by Fentons, part of Slater & Gordon

OBITUARY

Allison Stirling

1959-2014



Jonathan with Allie (far right)

It was with regret for me to learn recently of the passing away of Allison Stirling (Allie). Many SIA members will have come across Allie as she worked at both Sheffield and Southport SCI Centres during her career as a Senior Physiotherapist in SCI.

I met Allie on my first day at Southport SCI Centre in 1988. She was an inspirational physiotherapist and I was so very lucky to be treated by her. Allie was tough and uncompromising but that is exactly how she taught the true meaning of independence to those she treated. Allie was also instrumental in developing Quadball (now known as Wheelchair Rugby) as a recognised sport for tetraplegics.

Allie later took up a position as a Senior Physiotherapist at the Sheffield SCI Centre, where she developed expertise in pressure monitoring and wheelchairs, which was second-to-none.

Allie dedicated her life to supporting those with an SCI and I for one will never forget her. She will be missed by everyone who knew her and had the pleasure to call her a friend.
Jonathan Fogerty, SIA Chair with input from Martin McClelland, SIA Trustee and retired SCI Consultant, Sheffield SCI Centre

Tribute to John Borthwick & John van Dongen

At the 2014 SIA AGM, two long-standing Trustees will retire.

John Borthwick has lived with an SCI for over 45 years. John became a member of SIA during the organisation's first week and became a Trustee in 1981. Apart from a couple of short breaks, John has served as a Trustee throughout that time. He has served as SIA Chair on two occasions and as Vice-Chair on four.

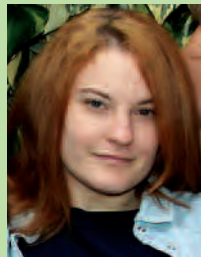
John van Dongen sustained an SCI in childhood and went on to work for over 30 years in computing. With SIA, John's interest is in mobility issues, and he was a leader in the campaign

that led to the mobility component of DLA and the development of the Motability scheme. John has been an SIA Trustee since 1999.

Both Johns have demonstrated a huge commitment to SIA in their time as Trustees. Thank you to both of you. Your knowledge of SIA and your experience will be missed and you retire from the Governing Council with the very best wishes from all of us at SIA.

**Jonathan Fogerty C5/6
SIA Chair**

Pleased to meet you



Charlie Hart

Peer Support Officer (London North)

Having graduated from Oxford Brookes in 2011, I started my working life as a special needs teacher. I loved it – spending time with little people both made me laugh a hundred times a day and kept my ego in check when they constantly passed judgement on my wardrobe choices.

The moment one of them, at the age of five, told off a stranger for staring at my wheelchair was the moment I truly felt being spinal cord injured, though at times difficult and frustrating, needn't mean my life had to be drastically different to anyone else's.

I volunteered at the same time, helping to arrange and run activity days for children and adolescents with an SCI. A huge part of both of these previous roles was using my initiative to 'remove barriers' from the lives of the children and families I worked with – through giving extra learning support where it was needed etc and encouraging everyone to try their best and not to be dispirited if something was hard the first time!

I am very much looking forward to using my experience and passion for making the most out of life to support others with an SCI. SIA is committed and supportive and I can't wait make a positive contribution to the Peer Support team.

Outside of work, I spend the majority of my time buying, begging for or borrowing gig tickets. Failing this, I am also a complete foodie and can probably be found in my kitchen, a restaurant or picking up freebies at food festivals.

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Thank you!

We would like to say a big thank you to everyone who returned the paper edition of our *Living Well* survey or answered our questions online. We really appreciate people taking the time to do this for us. Your answers and feedback provide us with vital information to help in the planning and development of future services and campaigns.

If you haven't already contributed you still have time – just go to

www.surveymonkey.com/s/livsci

The survey will be closing on 20 October 2014.

Updated and new information

The *Fertility and Fatherhood* fact sheet has now been updated and a new document covering non-trauma SCIs has been added to our resources.

To access SIA fact sheets visit www.spinal.co.uk/page/downloads

The SIA Library has acquired the *Hidden Housing Crisis* report, produced



by the charity, Leonard Cheshire Disability. It highlights the fact that one in ten people in Great Britain report some kind of mobility problem. This equates to five million people who are likely to need accessible housing. However, there is currently a massive deficit of accessible or adaptable homes in Great Britain, meaning that thousands of disabled people are living in accommodation that simply does not meet their needs. In response to this, the charity is calling for all political parties to commit to build more accessible homes with 10% of new houses in large developments to be built to wheelchair access standards.

For more information and to download the report just visit the [Leonard Cheshire Disability](http://www.leonardcheshire.org) website at www.leonardcheshire.org

ESCIF Conference

Along with Dan Burden, SIA's Head of Public Affairs, one of our Advice Line Officers, Joy Sinclair, recently attended the European Spinal Cord Injury Federation (ESCIF) Conference. The theme for the Conference was *Healthy Ageing* –

What can be done? Part of Joy's role at SIA is to provide specific information and support to people about growing older with an SCI. At the conference she spoke about this role, her current work and some of the services SIA hopes to develop in the future, to support SCI people as they age. Around 100 delegates attended the



Training

Don't forget to check the SIA website for details of forthcoming courses and other training events. There's still time to book onto the *Motoring and Mobility* course at the Queen Elizabeth Foundation on 23 October, and we also have courses on *Housing; Funding and Managing Your Care Needs*; and *Options: Life and Work after Spinal Cord Injury*, running during October and November. These courses are free to attend for most attendees, although corporate delegates will be charged.

We are also pleased to confirm that we are holding a *Case Manager Training Day* on 4 November at SIA House in Milton Keynes. This day will concentrate on NHS Continuing Healthcare Advocacy and will equip Case Managers with the knowledge required to better assist and advocate for their clients with an SCI. Places cost £100 + VAT per delegate. For information about all of our courses and training days, visit www.spinal.co.uk/page/training-education or contact Sandra White s.white@spinal.co.uk or telephone 0845 678 6633 ext 245

conference with representatives from 20 European countries. These included people living with SCI, SCI professionals, sponsors and researchers. In the December issue of *forward*, watch out for Joy's more detailed account of the conference and how we are sharing information and knowledge with similar organisations within Europe.

Vocational Clinics at the London SCI Centre



SIA and the London SCI Centre at Stanmore are delighted to announce the availability of appointments for outpatients at the successful Vocational Support Clinics.

The Clinics offer individual, tailored advice and information about returning to work, re-training, education and volunteering. The Clinics were originally set up as a joint project between the Occupational Therapist Department, SIA and the National Careers Service, to provide comprehensive support to inpatients engaged in rehabilitation at the centre.

However, many people who sustain an SCI are not in a position to contemplate their vocational futures as an inpatient, or can only do so to a limited degree. Up until now, it hasn't been possible to accommodate outpatients at the Clinics at Stanmore

– thus restricting their opportunities to get support and advice to help them return to, or find, a productive and fulfilling vocation post-injury.

The Clinics run every six weeks, during which outpatients can attend a 45-minute appointment. Follow-up telephone calls will also be conducted after three and six months, to ensure continuing progress is being made and to provide further support and advice as necessary.

Dave Bracher T10
Vocational Support Manager, SIA

Referrals or appointments for the Clinics can be made with SIA's Vocational Support Manager, Dave Bracher, via email d.bracher@spinal.co.uk or by calling 07593 538 126. The Vocational Support Clinics are sponsored by Leigh Day

Other SCI Centre dates

October-November 2014

- Stanmore - 20 October
- NSIC - 28 October
- Salisbury - 28 October (TBC)
- Southport - 19 November
- Sheffield - 20 November
- Oswestry - 24 November (TBC)
- NSIC - 25 November (TBC)
- Pinderfields - 26 November (TBC)

Higher education funding award

It's important that all disabled people have equal access to higher education. To encourage more disabled students to return to study, the David Godson Disability Award was initiated to provide some financial support to disabled students with the cost of their first undergraduate degree, taken through the Open University.

At the age of 16, David Godson lost his left arm in an industrial accident. Despite this, he completed his apprenticeship before undertaking a degree with the Open University. He subsequently obtained a Masters

degree and went on to work in the Probation Service.

"Studying for an Open University degree transformed my life and I took on challenges I was previously led to believe were beyond me," says David. "If the David Godson Disability Award can make a small contribution toward people setting out on a voyage of discovery and believing in themselves, its aims will have been achieved."

The Open University supports the largest disabled student community of any UK university. More than 20,000 disabled people studied with the OU in 2012/13.

Visit www.open.ac.uk for further information about the David Godson Disability Award

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Resilience and empowerment



Flt Lt Paul Dixon was supported by SIA's Peer Support Officer – Armed Forces, Lee Cairns, during his time at Headley Court. As a result of his experience and rehabilitation, Paul has gone on to discover how to overcome life-changing events through resilience and innovation.

I was initially injured after falling thirty-feet from an obstacle course during a training exercise in 2007. At the time, I received no medical attention; I thought I was fine because I walked away from the fall. That evening, I began to experience intense neuropathic pain in my legs. The following day, the Medical Officer diagnosed me with a sprained back and referred me for physiotherapy, which continued for four years. An MRI in February 2011 revealed multiple prolapsed discs and surgery was my only option. I underwent my first operation in May 2011, but because of a catalogue of unfortunate circumstances, including fluid on my spinal cord and metal-work slipping after a fusion, I needed three further operations over a seven-month period. After the fourth operation, I woke up and was effectively paralysed from the knees down. My right leg recovered over a two-to-three month period, but it is still weak and my left leg is still partially paralysed.

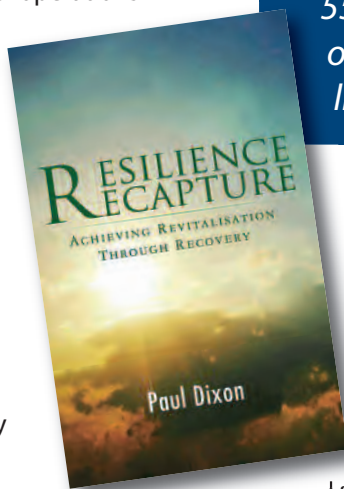
I have learned how to live my life as an incomplete T4 with the complications that come with an SCI. During my rehabilitation, Lee showed me that there are ways of achieving the things that matter to me and my family, and that there can be a fulfilling and independent life after an SCI. Lee and my physiotherapist at Headley Court, Kirsty Luard, have been my main sources of information, advice, guidance and counsel during my recovery. I will be forever in their debt for their assistance in getting me to see the light at the end of the rehabilitation tunnel.

Career change

In January this year I decided it was time to focus on returning to work. I met two corporate mentors who were facilitating a workshop that I had been invited to. After our meeting, they said they would like to help me achieve my full potential.

"I decided to write a book outlining my theories and methods that have helped me achieve success in my recovery.

In just four weeks I wrote a fourteen-chapter, 55,000-word guide to overcoming trauma and life-changing events"



Through a programme of one-to-one sessions, during which we analysed what experiences I'd had in both my RAF career and my recovery, I began to see the value that I could bring in helping others overcome trauma and life-changing events or injuries.

I set up my own consultancy and started working with a partner at PriceWaterhouseCoopers, who had suffered executive burn-out. Being self-employed enables me to dictate how many clients I take on and allows me to manage my fatigue levels. I get up every morning knowing that I have a worthwhile purpose that drives me to succeed.

I decided to write a book outlining my theories and methods that have

helped me achieve success in my recovery. In just four weeks I wrote a fourteen-chapter, 55,000-word guide to overcoming trauma and life-changing events. My book, *Resilience Recapture – Achieving Revitalisation Through Recovery*, was published in July this year. There are already a few people who I have worked with who are successfully applying my methods to their own recovery. The book outlines how the application of common sense can be successful, but I know that it can be very difficult to see the wood for the trees when your world is collapsing around you.

Prior to January, I had little hope for gainful employment after my discharge from the RAF. My confidence was adequate at best and I lacked direction. Thanks to the gift of self-affirmation of my real values and purpose through the mentoring programme, I have been empowered with focus and inspired to help others.

Lee has been there for me every step of the way and with SIA's support, I have changed my life. Whilst I have not had the opportunity to utilise the Vocational workshops at Headley Court, I know that if they can help injured servicemen realise their value, it will have a massive impact on their futures post-rehabilitation. I was fortunate to have been supported by Lee during my time at Headley Court and as a result of the experiences and opportunities I have been given following my rehabilitation, I can see that success, post life-changing events, is all about one's perception of their circumstances. If you don't allow your trauma to be the enemy, you can use the opportunity to innovate.

Paul Dixon T4

Resilience Recapture Ltd

***Resilience Recapture* is now available through Amazon priced £9.99 or via www.resiliencerecapture.co.uk Peer Support Service – Armed Forces, is sponsored by Fentons, part of Slater & Gordon, the Armed Forces Covenant, LIBOR Fund and several benevolent funds and trusts.**

Meet your SIA Healthcare Customer Care Advisers



When we launched SIA Healthcare we knew it was an exciting time in the history of SIA, and we hoped it would benefit many of our members. How right we were!

Since April, we have spoken to many of you and over 650 members have now joined the service. We are absolutely delighted and are well on our way to creating an SIA Healthcare community, where the health and wellbeing of our members is a priority.

As a result of this we are also adding to our valuable support teams, ensuring that we continue to provide a personal service to each individual member. We wanted to introduce each of them to you and to let you know a little bit about them, as they are sure to become an integral part of our growing team.

Rose and Julie are two new members of the SIA Healthcare Customer Care team. Here is what they have to say about their new roles.

Find out more at www.spinal.co.uk
Telephone 0800 023 8841



Rose Fenton

Customer Care Adviser, SIA Healthcare

"Through my role as a Customer Care Adviser, I am able to regularly talk to all SIA Healthcare customers and can build a strong relationship with them. I manage a diary which means placing a call to each customer that I am responsible for, checking in on them and discussing and placing their next order for their appliances and medication. There are more people joining every day and I get a great sense of satisfaction knowing that I can help to take a little bit of stress out of their daily routine."



Julie Holbrook

Customer Care Adviser, SIA Healthcare

"Every day is different for me and that keeps my job interesting. Talking to each individual and getting to know them is the part of my role that I find most enjoyable. Like Rose, I also manage a diary of SIA Healthcare customers, and it is great to have joined a growing team at such an exciting stage. Every individual person is different and getting to know each of them personally forms a big part of my role. We get to hear about their recent holidays, how their families are and we even know their pets' names and because of this, many people find it a lot easier to discuss their health requirements. We ensure that they feel at ease and that their health and wellbeing is a priority for us."



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Social care and housing adaptations

There are several sources of financial assistance to help with the costs of home adaptations. Simon Legg provides an overview of the financial support available and where you can find more information.

Local councils have duties and powers to help disabled people to make necessary adaptations to their homes. This service is split between housing and social services departments. The NHS also has powers to fund (or jointly fund) adaptations to meet health needs, or to transfer funds to social services for housing adaptations.

Disabled Facilities Grants

Disabled Facilities Grants (DFGs) are means-tested grants from your local housing authority. They can be used to contribute towards the cost of adaptations to your home based on an assessment made by social services.

There are guidelines about how long various stages of the DFG process should take. They can be found in the current guidance on DFGs in England, *Delivering Housing Adaptations for Disabled People: A good practice guide, June 2006 Edition* (chapter 9). The Local Government Ombudsman (LGO) has used these guidelines in investigating 'maladministration' (mismanagement) of DFGs, often recommending substantial compensation.

Social services duty

The housing authority process and deliver DFGs but social services must

first make the assessment of what adaptations are needed. If a DFG cannot be made (perhaps because the adaptations are not 'reasonable and practical', or they cost more than the maximum amount for DFGs), social services has a duty to meet the need they have assessed, by providing either equipment or adaptations, or grants or loans towards costs. They can charge for these services.

Direct payment for aids and adaptations

Direct payments for social care (provided by councils) can be used to pay for adaptations or fixtures and fittings, but only if the council has agreed that they are required to meet a social care need. This does not apply to services or equipment that the NHS provides, although this may be possible through personal health budgets and direct payments for healthcare under some circumstances. Government guidance also states that direct payments for social care should not be seen as a substitute for a DFG for major adaptations.

A direct payment might enable you to pay for adaptations or equipment of your choice, from suppliers that your council does not use. Depending on the cost, you might have to pay the difference



as a top-up to the direct payment.

Direct payments for aids and adaptations are usually made as a one-off payment. However, if your direct payments account has unused 'contingency' money in it, you might be able to use these funds on adaptations. If this money is not going to be needed for other expenses, and the adaptation in question will help to meet one or more of the eligible needs included in your assessment and care plan, this could be a potential source of funding.

No charges for minor adaptations

Councils are not allowed to charge for equipment or minor adaptations costing under £1,000, regardless of whether they are provided through direct payments or direct provision by the council.

For further information on this topic call Simon Legg, Social Care Caseworker on 07535 774135 or email s.legg@spinal.co.uk

Cuts to disabled students' allowance

Approximately 53,000 disabled students in higher education currently receive Disabled Students' Allowance (DSA), to help cover the costs of assistive technologies and non-medical assistance. As of September 2015, the Government plans to reduce the DSA budget by an estimated 70%, in an effort to encourage universities to cater financially for the needs of their disabled students.

The cuts will apply to English students applying for DSA for the first time from September 2015. While the cuts do not apply to disabled students from Wales, Scotland or Northern Ireland, all English students choosing to study in one of the home nations will face a reduction in their

DSA, and the responsibility of bridging the funding gap will be placed upon their chosen place of study.

Following the announcement, the Special Education Consortium (SEC), which promotes the rights of disabled children and children with special educational needs, stated: "While SEC agrees that universities must fulfil their obligations to make reasonable adjustments for disabled people under the Equality Act, it is unclear how restricting support currently available through DSA will achieve this."

For more information about the DSA visit www.gov.uk.

**Breda Duggan
Publications Manager, SIA**

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TeamSIA cycles to fundraising victory

TeamSIA joined over 20,000 cyclists of all ages and abilities through the closed roads of London and Surrey on 10 August, to complete the 86-mile shortened course of the Prudential RideLondon-Surrey 2014. TeamSIA's 74 cyclists defied the wind and rain to become part of the biggest cycling sportive ever held in the UK.

Everyone who took part in the event wanted to support SIA and raise money to support our services. After completing the course, Mike Farthing explained why he decided to participate in the event: "I came off my mountain bike in 2009 and broke my back in two places. Fortunately, despite a piece of bone protruding into my spinal cord, no major damage was caused. I want to support SIA to ensure services are available to help SCI people.

"All forecasts agreed that Sunday would bring heavy rain and disruption. The signposting and directions around the park were excellent. The first 15 miles went by in a blur. It was dry by the time I reached Richmond Park, and I averaged 21mph but then it started raining! It was an epic and memorable ride for me, especially in those conditions. Not once did I think about giving up. I feel proud to have helped SIA."

Mark Brodermann and his son Max also took part in the event and successfully completed the course despite the weather. "The roads were awash with water and mud! I had never seen so many punctured cyclists!



Top: Mark Brodermann and son Max
Right: Mike Farthing

I completed the course in a reasonable time of five hours and 20 minutes, enjoying a double celebration with my son Max. Max is making a good recovery after breaking his neck playing sport. He has run three marathons for SIA and this was his very first sportive. During the race you focus on the money you are raising and when you overcome poor weather conditions and complete the event, you realise you've really achieved something for a great cause," said Mark following the race.

Want to apply for a Prudential RideLondon-Surrey 2015 place for TeamSIA? Visit www.spinal.co.uk or email Elizabeth Wright at e.wright@spinal.co.uk or call her on 0845 678 6633 ext 229



Our very own Catherine Stribling, a keen cyclist, also took part in the event to mark her 10th anniversary at the organisation: "It meant a lot to be raising funds for such vital services. I was slightly disappointed at first that we weren't completing the full 100 miles, but everybody is sure we did the extra 14 miles just through the 'biblical' weather!"

At the time of going to press TeamSIA raised £20,000 and money is still coming in. Thank you TeamSIA!

National raffle 2014



This year's National Raffle was launched in September to help fund the continuation of SIA's vital services.

By now you should have received your raffle tickets in the post alongside a freepost return envelope.

We have four main prizes to be won, ranging from the top prize of £1,000 to our fourth prize of £100.

If you'd like to buy extra tickets visit our website or call our Individual Giving Co-ordinator, Catherine Stribling, on 0845 678 66 33 on ext 206

How are you helping support SIA?

- Buying five raffle tickets could help pay for a newly injured person's first session of Peer Support in a District General Hospital.
- Buying a book of raffle tickets could go towards ensuring that an SCI person gets the appropriate care package for their needs, which enables them to live independently.
- Selling three books to friends and family members could go towards providing a family member with one hour of professional telephone counselling.

The closing date for the raffle is 24 October 2014.

National Raffle tickets can be purchased via our online shop on the SIA website.

Working together towards a shared goal

Jon Rees, partner at Brethertons LLP, talks about the law firm's association with SIA and the importance of the services it sponsors. Here, Jon talks about the many ways his team supports SIA and the SCI community.

I run a small team absolutely dedicated to helping clients with SCI compensation claims. It is *all* that we do and this focus means that we can concentrate on just ten or so clients at any one time. We help people from all over the country. Brethertons has helped a number of clients secure seven- and eight-figure compensation packages. We recently secured a settlement that was 44 times more than what the original solicitor had advised the case should be settled for. Needless to say, that solicitor was not listed in SIA's *Choosing a Solicitor* directory.

That's one of the key reasons that I wholly endorse SIA's advice that individuals meet with three solicitors from the directory before selecting one to act for them. It is important to find a solicitor with the right experience and expertise, and one that you feel comfortable with.

Our relationship with SIA runs much deeper than just being one of the firms listed in the *Choosing a Solicitor* directory. We are very proud to sponsor two Peer Support Officers – Paul Rhodes (West Midlands and Oswestry SCI Centre) and John Leonard (the East of England).



The work that Paul, John and their colleagues do is fantastic.

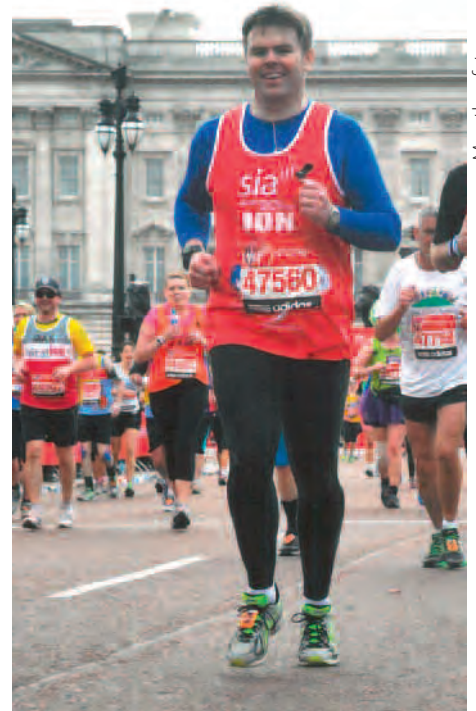
It is important to us that our involvement goes beyond just writing a cheque once a year. As well as being a Gold Corporate Partner with SIA, we regularly exchange

“The SCI community is small and because SIA has worked tirelessly for that community, it finds itself at its very heart. Its work is vital. We are proud to support SIA and particularly Paul and John in their work”

ideas with Paul, John and others at SIA House. We provide an insight into, and help keep them up-to-date with, legal matters surrounding compensation claims and beyond. In return, Paul, John and their colleagues keep us up-to-speed with

Make life bright for SCI people this Christmas

With Christmas only a few months away, get your creative thinking caps on and get ready for our Making Christmas Brighter campaign. Take a photo of your Christmas lights, share it with us on Twitter and Facebook using the tag #ChristmasLight and donate at least £1. All you have to do is text CSIA £1 to 70700. It's that easy!



Marathonfoto

Jon Rees taking part in the 2013 London Marathon for SIA

the issues faced by the people they help in their areas. This helps us to better shape the way we work and the services we offer.

We also help in other ways with training days, awards, sponsorship and with more direct fundraising. Last year, I raised money for SIA by running the London Marathon and Brethertons recently supported *Flicks in the Sticks*, a brilliant idea from Paul which ran at the Oswestry SCI Centre. A screening of *One Chance*, the movie about *Britain's Got Talent* winner Paul Potts, was shown.

The SCI community is small and because SIA has worked tirelessly for that community, it finds itself at its very heart. Its work is vital. We are proud to support SIA and particularly Paul and John in their work. The shared objective of wanting to help and support the thousand or so people injured every year – and their families – pervades all that we do. We are pleased and proud to be part of something so positive.

Jon Rees

Brethertons LLP

You can follow Jon on twitter @JonReesTweets

SIA working in partnership with **Network Rail**



SIA is delighted to be working in partnership with Network Rail, who are helping to support our Vocational Support Service by providing funding and practical work experience opportunities. Vocational Support is a major priority for SIA and the overall aim of the service is to engage with people with an SCI and offer them a variety of peer support opportunities, including one-to-one support to help them make the journey back into employment.

The service currently includes Vocational Support Clinics within NHS SCI Centres, which are supported by the National Careers Service. These provide inpatients and outpatients with specific one-to-one advice and information and are tailored to help people identify their personal goals for getting back to work. We also run vocational group training days covering topics such as managing an impairment in the workplace, the importance of a phased return to work, Access to Work funding, the impact of work on welfare benefits, CV writing and interview skills. These training days are a great way for anyone with an SCI to meet other people and learn from each other's experiences.

Looking ahead, work is well underway to be able to offer Employability Skills Training, which is again tailored to the individual's needs and will help to ensure that anyone wanting to get back into work has up-to-date and relevant skills to offer a potential employer. This will link with the new Work Placement scheme, which is currently under development but is actively supported by Network Rail,



so that we can also offer practical work experience placements. These schemes are designed to boost people's skills, levels of experience and (crucially) their confidence, so they feel in a good position to return to the challenging area of work.

"The Vocational Service has been an important part of our support for people with an SCI for a number of years and it's

really exciting to see how the service is currently developing," said Dave Bracher, SIA's Vocational Support Manager. He continued: "This simply wouldn't be possible without the support of organisations like Network Rail and it's great to see how committed they are to SIA and Vocational Support in particular."

Speaking about the partnership, Suzanne Hardy, Community Investment Specialist for Network Rail added: "Network Rail has funded SIA for the first time this year and we are looking forward to working with them to support their Vocational Support Service. Since starting to work with the organisation we have discovered lots of ways we can support them outside just funding the service, and are excited at the possibilities there are to really work in partnership and enhance the service they offer."

Network Rail will also be taking part in a variety of exciting fundraising challenges in order to help raise money for SIA. This includes SIA's Stoke Mandeville Experience on 29 October 2014, where teams can take part in a variety of wheelchair sports including wheelchair rugby, wheelchair basketball, archery, handcycling and slalom. Network Rail is also planning on entering a team in the Ride London 100 cycle event on 9 August 2015.

Everyone at SIA would like to say a huge thank you to Network Rail for their fantastic support.

For more information about the Vocational Support Service email Dave Bracher at d.bracher@spinal.co.uk

Make SIA your Charity of the Year

We need your help to make our 40th Anniversary matter so that we can continue to provide invaluable support to SCI people and their families. We are asking you to put us forward to be your company's Charity of the Year, to help us spread the word about the support and services provided by SIA.

Charity of the Year can be both a fun and rewarding experience. From dress-down days and bake sales, to

running a marathon – the options are endless!

We have a dedicated support team who can help you organise all of your fundraising activities. If your company elects a charity of the year or you would like to nominate SIA, then we would love to hear from you.

For more information or to nominate SIA as your Charity of the Year, email Rebecca at r.garrard@spinal.co.uk

ORIGIN - being the best at what we do, not the biggest



Origin's live-in care services have been developed with your independence in mind.

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Ruby Corporate Partner



In 1995, Independent Community Care Management's (ICCM) founder Zerina Yerrell, met a young woman named Donna who was tetraplegic and ventilator-dependent.



Donna wished to live at home with her family and Zerina was determined that Donna would have the best care available to allow her to lead the lifestyle she wanted. With Donna's determination and the clinical support in place, she passed her exams, joined the Women's Institute and flew to America to see killer whales. Donna has since passed away, but she lived life to the full. It led to Zerina establishing ICCM in 1997, providing specialist homecare to change the lives of many people with

complex long-term conditions.

What drives ICCM is this conviction that they will help clients reach what they aim for – their vision for their lives.

ICCM Ltd has over 17-years' experience as a national specialist provider of complex care within the community. Our expertise is with SCI, physical disabilities, acquired and traumatic brain injury and our specialism is within domiciliary ventilation for adults and children.

We have an excellent reputation, gaining a consistent award of 3-star excellence from the Care Quality Commission and third place in the independent sector of the Healthcare 100 employers, sponsored by the *Health Service Journal*.

In June 2014, ICCM was exceptionally proud when one of our clients, Matthew

King OBE, was awarded joint winner of SIA's Inspirational Achievement Award for Adults. He then went on to win the Stephen Bradshaw Award for Rebuilding Lives after SCI, the evening's overall winner.

On receiving his award, Matthew commented: "All of the finalists are hugely inspirational and to have been considered amongst these individuals was incredibly humbling. I hope that the achievements of not only myself, but also many of the others living with an SCI, show that almost anything is possible when you are properly supported within the community."

Kate Gelder, ICCM
kgelder@iccmcares.co.uk

For more information (including testimonials and case studies) visit www.iccmcares.co.uk



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Get involved

October

16 Head back to the future
 ... at SIA's AGM and SCI Technology Conference at the Williams Conference Centre. Book your place today (see overleaf) or via www.spinal.co.uk

#Make40Matter
Download Love will come through by Travis
 100 per cent of profits from the sales of this single, from 23 September to 23 October, will be donated to SIA!
www.apple.com/uk/itunes



November

Light the way for SIA!
 Make SIA your Charity of the Year and compete to secure the title of SIA Torch Bearer, awarded at SIA's annual awards event. Contact Rebecca on 0845 678 6633 ext 241 or email r.garrard@spinal.co.uk

Be in with a chance to win £1,000
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Help rebuild lives by leaving SIA a gift in your Will
 Every legacy, no matter how big or small, will help **make a real difference** to the life of someone affected by spinal cord injury. Find out more on our website.

December



Get organised for 2015! ✨
 Buy an SIA calendar, featuring the work of *Doubletake* photographer Alison Jackson. Available from our online shop now!
www.spinal.co.uk

Love #ChristmasLight
 Make life bright for SCI people this Christmas! Add light to your tree or house, share your photos and donate at least £1 to SIA. Text CSIA £1 to 70700



Highlight the stars in the SCI Community
 Nominate someone you know for a Rebuilding Lives Award! Email RLSCI@spinal.co.uk or visit www.spinal.co.uk
 Find out more about SIA's 40th Anniversary and how you can help **#Make40Matter** at www.spinal.co.uk

PRESENTING...

TALKING SCI TECHNOLOGY 2014 AND THE FUTURE



SIA and its membership are celebrating their 40th Anniversary at the highly prestigious **Williams Conference Centre** in Oxfordshire, combining this year's AGM with a conference on the subject of technology to be held on **Thursday 16 October 2014**

SIA is privileged and honoured to confirm the attendance of our Patron, HRH The Princess Royal. The Princess Royal became SIA's Patron 30 years ago prompted through her interest in equestrian sports and their link with spinal cord injury, and has continuously and loyally provided her support and commitment to our important work.

Surrounded by an atmosphere of cutting-edge technological design and innovation it was a logical decision that the conference should be on the subject of advances in technology and the positive impact these developments have made to the lives of SCI people.

Speakers will talk from their own perspectives regarding the use of assistive technology while others will discuss their involvement with future technologies. Companies will be exhibiting a wide range of technologically inspired devices and equipment with some providing demonstrations.

To end this exciting conference there will be an exclusive opportunity to take a tour of Sir Frank Williams' private Williams Grand Prix Collection, which includes F1 racing cars from 1978 onwards and other racing memorabilia.

PART 1 AGM Business Meeting

- 10am Registration with tea and coffee
- 11am Opening Address and Welcome
- 11.15am SIA AGM Business meeting
- 11.45am Members' Question & Answer session
- 12.15pm AGM Business meeting closes

Address by SIA Founder & President Baroness Masham of Ilton

- 12.30 - 2pm Lunch & Exhibition (with demonstrations from exhibitors)

PART 2 Technology Conference Programme

- 2pm Address from Conference Chair
- 2.15pm **Speaker 1:** Tom Nabarro, Eye gaze & voice recognition technology, *SCI user perspective*
- 2.40pm **Speaker 2:** Ruth Peachment, Occupational Therapy Clinical Specialist & Kirsten Hart, Clinical Specialist Physiotherapist NSIC Stoke Mandeville Hospital Functional Electronic Stimulation (FES) and other aids and equipment, *Healthcare Professional perspective*
- 3pm **Speaker 3:** Debbie Hill, Senior Lecturer in Physiotherapy, University of Hertfordshire and Kirsty Luard, Physiotherapist, Headley Court Exoskeletons *Healthcare Professional perspective*
- 3.20pm **Speaker 4:** Jasper Holmes, Co-Director & Chris Lofthouse, Outreach Manager *Research Institute for Consumer Affairs (Rica)* Car adaptations and in-car safety technology
- 3.40pm Closing Address from Conference Chair
- 3.45pm Tour of Williams F1 Museum & exhibition and technology stands

Fill in and return your details to confirm your attendance at SIA's 40th AGM. You can also register online or via telephone.

Member's full name _____

Wheelchair user? Yes No

Name(s) of any other attendees (wheelchair user?) Yes No

Address _____

Postcode _____

Telephone _____

Email _____

We anticipate high attendance and places are limited. To guarantee your attendance we are asking for a nominal £10 per person refundable deposit, which will be reimbursed to you on the day.

Tickets can be purchased using one of the following three methods:

- **ONLINE** through the shop on our website using your card details at: www.spinal.co.uk
- **TELEPHONE** using your card details: Tel 0845 678 6633 Ext 242 (Sue Barratt)
- **CHEQUE** made payable to: Spinal Injuries Association

Cheque payment including the reply slip should be returned to: Sue Barratt, SIA House, 2 Trueman Place, Oldbrook, Milton Keynes MK6 2HH. Please remember to tick below as appropriate:

- I would like my deposit refunded on the day
- OR**
- I would like to donate my refundable deposit to SIA
- GIFT AID** Tick here if you would like the tax reclaimed on this and future donations. I confirm I am a UK tax payer and the amount of tax I pay exceeds the amount I would like SIA to claim. This action will enable SIA to recover a further 25p for every pound you donate.

The Conference includes a buffet lunch. Please contact Sue Barratt if you have any specific dietary requirements on 0845 678 6633 ext 242

Ruby Corporate Partner



One of the highlights of my summer was watching the Commonwealth Games in Glasgow. I was delighted to see that the para-athletes' events were interspersed amongst those of the non-disabled athletes and broadcast to the same audience.



We also now have the Invictus Games, where the power of sport is used to inspire recovery, support rehabilitation and generate a wider understanding of servicemen and women who have been wounded in the line of duty, and need to adapt to their disability.

The increasing profile of Paralympic sport in recent years has raised public awareness of the stellar heights that can be reached by those with an SCI.

As a solicitor who acts for SCI clients, as far as possible, my aim

is to ensure they can live the life they would have lived before their SCI. Every SCI person's needs and ambitions are different and as lawyers, it is paramount that we keep this fact at the forefront of our thinking so that we can help to make them a reality. This could be ensuring the client has appropriate accommodation in place for them and their family, achieving a career goal or becoming an athlete.

A high-level of technical expertise for a lawyer working for clients with this level of injury should be taken as read. The vital difference is the ability and willingness of a lawyer to build a relationship with each client, and their families.

A good lawyer will try to establish what their client's needs, hopes and

ambitions were before the injury and what they are post-injury. This takes time and patience, particularly as an SCI client may choose to re-assess what they want after their injury. It is our job to assemble a team of experts to enable the client to live the life they wish.

For us, getting to know each client, and seeing the difference we can make for them, is what makes everyone in the team here at JMW realise how lucky we are to be doing the work that we do.

It's also why we are proud to support SIA and be the Ruby Corporate supporter for October. Andrew Lilley, Personal Injury Partner JMW Solicitors LLP

For more information about JMW visit www.jmw.co.uk or call 0800 054 6078



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Travis tribute to **SIA's 40th Anniversary**

To mark SIA's official 40th birthday, which took place on 23 September 2014, Travis has re-released their 2002 single, *Love Will Come Through*.



The single was originally released by the band on 15 November 2002, with the profit being donated to SIA. The fundraising release was initiated by the band after drummer Neil Primrose fractured vertebrae in his neck in a diving accident in a French swimming pool, during Travis' 2002 European tour.

After a 10-hour operation, in which cartilage from his hip was grafted into his neck to replace wasted muscle and an intensive course of physiotherapy, Neil almost fully recovered from his injury and was able to re-join the band as they gathered to record *12 Memories*, the album from which *Love Will Come Through* originated.

At the time Neil said of his injury: "After the accident my first thoughts

were about my daughters. Would I be able to pick them up again? Then I starting thinking 'Will I be able to drum again?'

"I regained 95% of my strength and once I got back home I started playing my drums again. I started off doing 10 minutes at a time and then building it up, jamming along to music."

Travis' single *Love Will Come Through* was re-released on 23 September 2014 on iTunes, and will be available to download for a month.

Help #Make40Matter this October. Download *Love Will Come Through*. All profits will be donated to SIA. www.apple.com/uk/itunes
Helen Chapman
Communications & Marketing Officer, SIA

Baroness Masham of Ilton welcomes SIA members and supporters to the House of Lords

To mark SIA's 40th Anniversary, SIA Founder and President Baroness Masham welcomed 40 guests to the House of Lords for a celebratory lunch, on 29 July 2014.

Following a welcome reception where guests enjoyed a drink on the terrace overlooking Westminster Bridge, Baroness Masham thanked everyone for supporting the Association over the last 40 years.

Having enjoyed lunch with Baroness Masham, SIA member Luke Hamill said: "It was a privilege to be at the House of Lords for SIA's 40th birthday celebration. SIA has been at the forefront of raising awareness about spinal cord injury."

Jo Carroll who has been a member of SIA for a number of years thoroughly enjoyed the occasion: "SIA's 40th Anniversary lunch will long be remembered and it was a real pleasure to meet some of the SIA team and to put faces to names."

SIA's CEO, Paul Smith, spoke of the charity's early days and paid tribute to 'Mr SIA', the late Stephen Bradshaw. Paul said: "Stephen was instrumental in the birth of SIA and worked hard to build it into the Association that it is today."

SIA Chair, Jonathan Fogerty, further acknowledged the difference the members and supporters have made to SIA's services and how valuable their support really is, by stating: "SIA's Peer



Support Service would not be possible without the continued support of our members and corporate partnership programme."

Catherine Stribling
Individual Giving & Data Co-Ordinator, SIA

Top 10 SCI research questions confirmed

Christa Dyson and Dave Bracher provide an exciting update on the Spinal Cord Injury Priority Setting Partnership (SCI-PSP), led by the James Lind Alliance.

The ultimate objective of the SCI-PSP was to generate a Top 10 list of questions for researchers to investigate that will better improve the quality of life, care and treatment for those living with an SCI – and the exciting news is that we have now achieved this goal!

Many of you took part in the two-stage survey process that was used to firstly gather possible research questions, and then to rank them in order of priority. The first survey took place between September and December 2013 and a total of 808 possible research questions were submitted. Once the questions had been reviewed and sorted, checked against previous research to see if they had already been answered and similar questions grouped together, the second survey was launched in April 2014. This asked respondents to rank the questions in order of priority.

Both surveys were open to anyone with an interest in SCI, be they SCI people, their partners, carers, clinicians or simply people with a strong interest in the field of SCI. This broad perspective generated some brilliant responses and clearly showed how much there is still to do in the field of SCI research.



Final Prioritisation Workshop, July 2014

On 5 July 2014, a Final Prioritisation Workshop was held at the NSIC. Led and facilitated by the James Lind Alliance, the 20 participants consisted of a fantastic mix of individuals with an SCI, representatives of service user organisations, carers and healthcare professionals. This turned out to be a brilliant day of constructive discussion and debate as the Top 25 questions from the second survey were considered and ranked until the 10 most important research questions

were ultimately agreed. The Steering Group would like to thank again all those who gave their time, expertise and enthusiasm to this inspiring and hugely successful day.

By the time you read this, we hope the Top 10 will have been formally announced and publicised. Please have a look at the SCI-PSP website www.sci-psp.org.uk and we will of course publish the Top 10 in the next issue of *forward*, along with details of the next steps for the SCI-PSP.

Christa Dyson C4, SIA Trustee and Dave Bracher T10, Vocational Support Manager, SIA

The SCI-PSP is independently led by the James Lind Alliance and managed by the following organisations:



Stoke Mandeville-Masson Research Awards

Launched on 1 August 2014, the one-off Stoke Mandeville-Masson Research Awards were instated to provide funding for research projects which are guided by the national agenda for research into SCI. The aim of the awards is to enhance the health and wellbeing of individuals living with an SCI and their caregivers.

Ann Masson sustained an SCI at the age of 14 and received treatment and rehabilitation for two years at the NSIC. With the encouragement of Sir Ludwig Guttmann, Masson represented Great Britain at the 1960 Rome Paralympics, the Perth 1964 Paralympics and finally the 1962 Commonwealth Games. Ann Masson died in January 2011, leaving a legacy fund to the Stoke Mandeville

Hospital in order to support research into SCI.

Applicants for the Stoke Mandeville-Masson Research Awards can apply for up to £120,000 of funding. Up to £240,000 has been made available to support two to four spin-off research projects, which are expected to be completed within one to three calendar years. Now the research priorities for SCI have been identified, this fund allows researchers to investigate the topics which have been identified in the new research agenda.

For more information and deadlines

visit www.smsf.org.uk/smmra

**Dr Joost van Middendorp
Research Director NSIC**

Thank you to those of you who took the time to respond to our survey, as referenced in the last issue. **From those responses we've learned a great deal in terms of the kind of information we can share that would be of most use to you. Personal Stories and Lifestyle came out on top so we will endeavour to include them as much as possible in our contributions, beginning with this very issue: Andrew Pitchford's wonderfully honest account of coming to terms with catheterisation following a spinal cord injury is something I am sure many can relate to.**

Wellspect HealthCare has had a busy summer supporting the future of British wheelchair basketball in August. The sixth British Wheelchair Basketball (BWB) Junior Summer Camp saw 40 junior athletes and 20 coaches from all across the UK descend upon the University of Worcester for an unmissable four days.

Featuring a combination of practical sessions and workshops designed to enable players and coaches alike to reach their full potential, this year the BWB Junior Summer Camp also treated everyone

to a fantastic talk from Wellspect Key Account Manager, Alan Cook who, as a British Hand Cycling Champion, knows exactly what it takes to become the best you can be.

Providing the athletes with a greater insight into the care and off-court preparation required to ensure maximum results in their games, Alan's presentation was invaluable for all.

The camp also offered the opportunity for the attendees to learn from Paralympian and RGK Wheelchair Sports Advisor Colin Price, not to mention GB Men's Head Coach Haj

Bhania, Assistant Coach Alan Mansell and GB wheelchair basketballers George Bates, Matt Byrne, Martin Edwards, Jon Hall, Richard Sargent, and Tyler Saunders.

The following day saw a great workshop from SportsCoach UK's Development Lead Officer (Coach Developer) Kurt Lindley, and all participants were able to gain a greater insight into the performance pathways from BWB Talent Development Officer Simon Fisher.

BWB CEO Charlie Bethel said: "The BWB Junior Summer Camp is always an incredibly popular event and this year's event was once again very quickly over-subscribed. To have the support and knowledge that Wellspect HealthCare bring is invaluable to both athletes and coaches. We look forward to an exciting future together."

Below: Alan Cook with the athletes and coaches at this year's Junior Summer Camp



LoFric & Me

Wellspect
HEALTHCARE



Andrew Pitchford

I am a 49 year-old man living in South Derbyshire. I suffered an incomplete spinal cord compression injury (C5-C7) following a fall at home in August 2012. I fainted following an attack of cramp and banged my head on the bedroom door. This 'simple' fall was sufficient to cause a spinal cord injury.

I was catheterised soon after arrival at hospital and this 'permanent' catheter remained in place for several weeks. For the first few weeks following my injury I was unable to move any of my limbs significantly and required 24/7 care in my local hospital (in Derby). After about six weeks in hospital I was transferred to the SCI Centre at the Northern General Hospital in Sheffield, where I was switched to an intermittent catheter. Although I was unable to pass urine by myself I was very keen to learn how to self-catheterise.

A helpful healthcare assistant taught me and despite the initial discomfort of introducing the catheter into the urethra, I felt liberated that I could take control of my own bladder management. I remained frustrated that I could not pass urine, but I was able to use the single-use catheters that were provided.

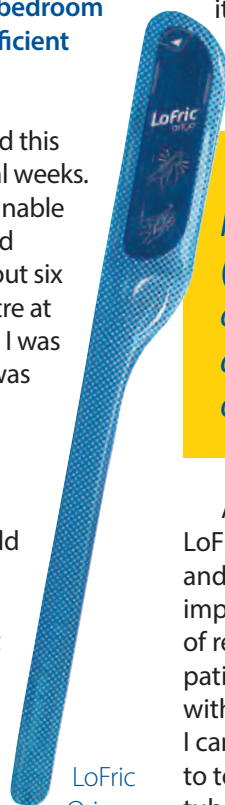
On discharge from Sheffield I returned home. Unbeknown to me I was in the early stages of a UTI. After about a week at home I was readmitted to hospital in Derby with a severe UTI and a high fever.

After a few days on strong medication to bring the fever down, the permanent catheter was removed and I went back to intermittent single-use catheterisation. It was a few days later that I started to be able to pass urine by myself. Following discharge from hospital I followed a regimen of using catheters at times and passing urine freely at other times.

I was using LoFric® catheters (the ones with the coating that required 30 seconds before use). I found them difficult to use as the coating was very slippery and I often needed to use some pressure to get through the sphincter into the bladder. Over the next few weeks (early 2013) I 'decided' that I was passing urine properly and stopped using catheters regularly.

During the spring and early summer of 2013 I began to

feel increasingly that I was not emptying my bladder properly and was unable to wee. I discussed this with a Urology nurse in Derby who felt that I should start to use catheters again (especially at night). I found this helpful and over the next few weeks my usage increased. I still found it somewhat difficult to grip and insert the catheters because of their slippery coating (I have limited dexterity and mobility in both hands).



LoFric
Origo

"It is a huge confidence boost to know that I can use a catheter at home / when out (shopping, restaurant, friends, etc) with no fuss and a maintenance of great dignity, no pain and the ability to control how I use the system on each occasion of needing to pass urine"

About this time I obtained some information about LoFric® Origo™ from Wellspect HealthCare. I got in contact and was sent a sample to try. My wife and I were immediately impressed by the simpler process (squeeze the saline bag) of readying the catheter. The big advantage (once the dimwit patient had read the instructions!) was the separate slider with the catheter. This simple device is a major improvement. I can now install and withdraw the catheter without having to touch the tube. No sticky fingers, no 'finger germs' on the tube, much more control on installation and withdrawal. At a stroke my risk of UTI (the bane of all catheterising patients) greatly reduced.

I have been using the LoFric Origo for about 12 months. The system allows great finesse. The other great advantage is the discreet packaging which enables the catheter to be folded before use and returned to the sheath for disposal following use. It is a huge confidence boost to know that I can use a catheter at home / when out (shopping, restaurant, friends, etc) with no fuss and a maintenance of great dignity, no pain and the ability to control how I use the system on each occasion of needing to pass urine.

For me, this is the single most important part of my care package. There is nothing more debilitating than feeling that you cannot pass urine and feeling 'desperate' sitting in a wheelchair.

Andrew Pitchford



St Francis ward

St Francis ward for children and young people at Stoke Mandeville Hospital's National Spinal Injuries Centre (NSIC), will be celebrating its 10th Anniversary in November 2014. The specialist ward is the UK's first and only dedicated rehabilitation facility for spinal cord injured people aged 18-years-and-under.

To mark the anniversary, patients both past and present have been invited to join the celebrations at the NSIC on 30 October. The staff are looking forward to welcoming back the many adults who were treated when children at the centre, including the NSIC's oldest surviving child patient, who was treated in the 1940s.

The fête-themed event will include music and a variety of activities for guests and staff to enjoy. Paying homage to St Francis of Assisi, the Patron Saint of animals, the Wildlife Hospital Trust, Tiggywinkles, will also be attending the event along with a few furry friends to meet all the other guests.

Long-standing service

Since the 1940s the NSIC has supported just under 1,000 children and young people with an SCI; 21 of these now aged 60 years and over still receive care from the NSIC today. Since 2004, 250 people have been supported by the services of St Francis ward. The main objective of the ward is to get all children out of hospital as quickly as possible, enabling them to return to their families, communities, peer groups and schools.

St Francis ward achieves this objective by caring for the children's medical and social care needs. Services



provided on the ward include nursing and medical care, psychological support, physiotherapy, occupational therapy, art therapy, nutritional advice and play therapy. The ward also ensures that children continue with their education during their stay. The NSIC's Hospital Teaching Service is provided by Blueprint, which received an outstanding Ofsted report for the education service it provides.

Holistic rehabilitation

Activity-based rehabilitation is adopted on the ward by all staff across all healthcare disciplines. This method helps to prevent the potential long-term medical complications that can occur following an SCI. Addressing the need for active rehabilitation, Dr Allison Graham, Consultant Physician in Spinal Cord Injury at the NSIC states: "We're concerned that if we don't keep the children as active as possible and as well as possible, we will see huge complications arise in the future. Scoliosis can occur in addition to diabetes, heart disease and premature death. We have to plan to prevent these complications arising."

Dr Graham and her team prepare tailored rehabilitation programmes for each child. The success of this holistic approach is partly due to the unique neurology of children and young people.

"The neurology of children is not as fixed as it is in adults; therefore it is much more adaptable. With supported intervention, for some children, parts of the body that didn't move can be encouraged to move and over time areas that they once couldn't feel, they can now feel," says Kirsten Hart, the ward's Clinical Specialist Physiotherapist.

In addition to rehabilitation, the ward has to also habilitate children who have yet to develop learned skills. Clinical Specialist Occupational Therapist Ruth Peachment, explains: "Many children will not have been through the normal developmental milestones when they've had their injury, so we're not just helping



celebrates 10th Anniversary

them to relearn skills, we're actually starting from scratch. It's a different way of rehabilitating people and some of the equipment that is required is different as well."

Technological developments in recent years have influenced rehabilitation but there is still progress to be made, as Ruth suggests: "I think we'll see more use of robotics and exoskeletons. There has been quite a drive on lower limb robotics but I'm hoping to see more development on upper limb movement."

This summer, St Francis ward has welcomed the arrival of a multitude of new therapeutic equipment, which has had a huge positive impact on those trying the different technologies for the first time.

"One particular patient had incurred a high-level injury when he was a toddler. There hasn't been the equipment available in the past to



identify his potential. We've been able to use a new piece of equipment with him and he now has functional movement with the support of this equipment that we can use to improve his abilities further. He's using his hands and arms functionally for the first time in 15 years," says Kirsten.

Specialist care

St Francis ward first opened with four beds but quickly expanded to a nine-bed ward. The last three beds were brought in specifically for adolescents. Dr Graham emphasises that the care of adolescents is a specialism, and there was a clear need to address the way in which 16- to 18-year-olds with an SCI were being cared for: "We felt that this was a group that wasn't being looked after well. At the age of 16 you are by law an adult, but emotionally and developmentally you're not. If you bring

adolescents into a children's unit you run the risk of them never gaining their independence, but if you put them too far forward into adult services, they struggle and they might not meet their full potential."

The safe haven of St Francis ward not only supports those receiving care but also their visiting families and friends. "We run a *Siblings Workshop* for relatives aged 16 and under because they have their own questions that they want to ask. We provide young people with the opportunity to ask the questions that they might not be able to ask their parents," adds St Francis Ward Manager, Sister Sara O'Shea.

The devotion of the staff on St Francis ward is a reflection of the service provided by the NSIC as a whole. Since 2008, the NSIC has been awarded the highest level of CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation. It is the only NHS SCI Centre in England and Wales to achieve accreditation. This achievement is an acknowledgement of the NSIC's dedication and commitment to improving the quality of the lives of its patients.

For further information about the NSIC and St Francis ward visit www.buckshealthcare.nhs.uk Tel 01296 315808 Email spinalchildren@buckshealthcare.nhs.uk Breda Duggan Publications Manager, SIA

Outstanding team award winners

The St Francis ward team, of the National Spinal Injuries Centre (NSIC), was commended on 5 June at our Rebuilding Lives after Spinal Cord Injury Awards. The staff received the Outstanding Team Award from Frankie actor, and former SIA Peer Support Officer, Ben Owen-Jones, at the Hilton Birmingham Metropole.

The St Francis ward is the only dedicated ward in the UK for children and young people who have sustained an SCI.

Louise Clement, an Occupational Therapist at NSIC,

"To win the Outstanding Team Award was a truly humbling experience"

nominated St Francis ward for the award because: "The team demonstrates working together in a multi-disciplinary way, and everyone is involved in all aspects of the care of the children and young people. They really do offer a true client-centred care package."

St Francis Ward Manager, Sister Sara O'Shea, attended the Award Ceremony and collected the award with colleague Kirsten Hart, Clinical Specialist Physiotherapist. Sara said of the award win: "We were thrilled just to be nominated for the award. To have won and received the award amongst an audience of respected NSIC colleagues, professionals from other SCI Centres and services, and some of the patients and their families that we've cared for, was a truly humbling experience."

"We are so proud to have recognition for our team of highly specialised staff who are dedicated and determined in service provision for children and young people with an SCI. The evening was attended by many friends, colleagues



Ben Owen-Jones, Kirsten Hart, Sara O'Shea and Neil Russell of award sponsor, PJ Care

and ex-patients that we have both known through many years of working in SCI care at the NSIC.

"We would both like to thank SIA for a wonderful evening and Stephen Mangan for an entertaining introduction to the event. We would also like to thank SIA Trustee Christa Dyson for her hospitality and our award sponsor PJ care."

A full list of the 2014 Award Winners is available at www.spinal.co.uk/page/RLSCI

The nomination period for the 2015 Rebuilding Lives Awards will open on 15 December.

Helen Chapman
Communications & Marketing Officer, SIA



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Adapting for a new life

SIA is rightly lauded for the way it has passionately championed, promoted and encouraged members of the SCI community to live their lives to the full following an SCI. However, in order to achieve this goal, SCI people have to make significant modifications to *how* they do things; this includes adaptations to their home and places of work. Whilst many adaptations are desirable, within the constraints of most people's lives they are not always possible.

I am not an Occupational Therapist (OT) and there are many others more qualified than me to advise on home adaptation features. That said, I think there are a few generic things people should be aware of:

- Before undertaking modifications it helps to talk to an OT.

- Your home is an asset. Think carefully about the type of modifications you are making as it can affect its resale value. This may be an issue for many people.
- The location of your home is important. Remember, the more remote you are the more challenging it will be to access PAs or carers to support you. Thankfully, Active Assistance is there to provide live-in and live-out support to clients across the country, including the most remote locations!
- Open plan homes with few doors and corners are easier to navigate in a wheelchair.
- Remember, if you have a live-in PA you will need a separate bedroom for the PA.
- If you want to cook for yourself, kitchen adaptations are important.
- The home should be easy to exit in the event of a fire. This may need to incorporate an exit from your bedroom.
- An intercom may be helpful if you are fortunate enough to live in a large house.
- Ensure you have plenty of storage space for ancillary items such as gloves, masks etc. not to mention wheelchairs and commodes.
- Avoid carpets – go for laminate or wooden flooring. Doors should be flush with the floor.

The most important thing is to ensure that all home adaptations meet your personal needs and requirements.



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...when it suits you!

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(Call charged at local rate)

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Accessible living

Whether you're getting ready to return home, buying a new property or require additional adaptations to your current property, it is important to first take a step back to consider all of the different factors that will influence the design of your home. This special section provides practical tips and information, in addition to the personal experiences of other SCI people, who have created accessible living spaces tailored to their needs and wants.

Some of the information provided here can be found in SIA's *Moving Forward Book 7, Housing and Adaptations*. This publication is well worth a read before you carry out any home adaptations. It provides a range of information covering topics including housing options, buying a house, structural designs and alterations and financial help with housing. For further information about the publication visit www.spinal.co.uk

The following check-lists cover just some of the key considerations when planning home adaptations. *Moving Forward Book 7, Housing and Adaptations* features exhaustive check-lists.

The Entrance

- Is the footpath/gate wide enough for a wheelchair or mobility aid?
- Is the rubbish bin easily accessible?
- Is the entrance accessible and well lit?
- Is there a tarmac path or gravel/stones leading to the front door?

Vehicle access

- Where will I park the car?
- Will my wheelchair fit alongside the

passenger or driver's door when the car is on the drive? In the garage?

- Is there a shared drive: am I likely to get blocked in?
- Will the council allow a disabled person's parking bay?

Access

- Is the front/back door easy to get through?
- Is there level access or are there steps? Is there room for a permanent ramp?
- Is the door lock and handle easy to reach?
- Are the floor surfaces suitable? Do I need to replace carpets with hard flooring?

Kitchen

- Are the sink, cooker, fridge, larder, cupboards, and dustbin easy to reach?
- Are the doors easy to open and internal shelves easy to reach?
- Are the work surfaces at the right height?
- Can I safely transfer hot dishes from cooker to work surface, etc?

Utility

- Can I easily get to and operate the washing machine?
- Can I get to smoke alarms/fire alarms to test/reset them?
- Can I easily switch off the gas, water and electrics?
- Can I easily reach fuses etc?

Bedroom

- Is there room for my wheelchair?
- What type of bed will I need? What type of mattress will I need?
- What height and width should it be for me? For the convenience of my

personal assistant?

- How will I transfer between bed and wheelchair?

Bathroom and toilet

- Is there room to transfer onto the toilet?
- Can I get beside the bath to transfer myself? Do I need a hoist?
- Would a shower be better?
- Is there enough knee clearance under the hand basin?

Below is a list of a few potential sources of help and advice for your home adaptations.

Access Garden Products

www.garden-products.co.uk

Tel 01788 822 301

Centre for Accessible Environments

www.cae.org.uk

Tel 020 7822 8232

Chartered Institute for Environmental Health

Registered charity and the professional voice for environmental health

www.cieh.org

Tel 020 7928 6006

Disabled Facilities Grant

www.gov.uk

Disabled Living Foundation

www.dlf.org.uk

Tel 0300 999 0004

Royal Institute of British Architects

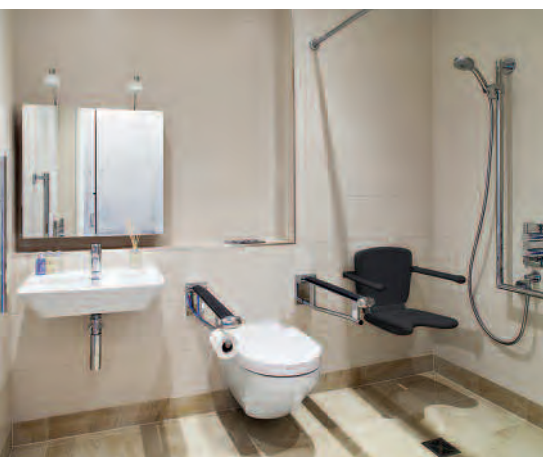
www.architecture.com

Tel 020 7580 5533

Royal Institution of Chartered Surveyors

www.rics.org.uk

Tel 024 7686 8555





The ins and outs of planning regulations

Having a place to live which meets your needs is one of the biggest factors in enabling you to lead as comfortable and independent a life as possible. Here, Ian Younghusband provides an overview of the planning and preparation required before any major adaptation work can be carried out.

Sustaining an SCI is an extremely difficult situation and one of the biggest issues faced by SCI people is that their home is now unsuitable due to their impaired mobility. Most people will need some form of adaptation carried out on their property, regardless of their level of injury.

The length of time required for alterations, particularly if applying for a Disabled Facilities Grant (DFG), is generally underestimated. If you require an extension to your home, this is still subject to statutory planning and building regulations.

Work with your Occupational Therapist (OT) who will understand what you require now and if you are newly injured, what will also be suitable in the future if you are able to develop your independence. You will need to employ the services of an architect, who will work with you to best meet your needs within current building regulations, and to produce detailed plans to gain statutory approvals, which will ultimately be used by your builder during construction. If you are looking at building an extension, it would be wise to speak to someone in your Local Authority Planning Department to arrange a meeting at home, if possible, with yourself and your 'design team' prior to starting. They will advise you if your proposal will require planning permission as this can vary depending on the type of extension, its size and location, or if you are in a conservation area. They will also advise on what materials, design etc you are allowed and will explain how far you can extend



in light of neighbouring properties. This could save you a lot of time and expense in the long run.

If your adaptations require planning permission, your architect will prepare plans and information showing the planners the layout, size and overall appearance of your proposal. **Extensions and adaptations to properties to aid disabled people are exempt from planning fees.** The planning process generally takes a minimum of eight weeks from submission of your application.

Party Wall Act

This legislation is applicable where the construction work is going to be on or within a certain distance of your neighbour's boundary wall or property. You are obliged to give your neighbour a minimum of two months' notice in writing prior to starting construction work. It's advised that you seek professional advice when negotiating this as you will need to gain written consent from your neighbour prior to starting construction, and all works must be done in compliance with the Act.

Once you have gained planning approval you will need to work together with your OT and architect to produce the final design and specification. It is advisable to establish an estimated cost for the build and to create a budget you can afford. Your architect will produce detailed working drawings, interpreting your design brief and ensuring that the work complies with building regulations.

Following completion of the detailed design and working drawings, your architect will submit this information to the Local Authority Building Control Department. All structural work, either new build or adaptations to an existing property, must have approval from building control to ensure that the work complies with current building regulations and is structurally sound. Following submission, approval is usually given within four weeks, providing the Building Control Officer is happy with all aspects of the build. It is advisable during this time to appoint the contractor who will carry out the work. Try to get three quotes from builders who have a good reputation. If possible, try to visit previous work they have done or ask them to show you photographs.

Establish a programme of work with your contractor, so that both parties agree on a completion date. It's best to employ a project manager to oversee the work. This could be done by your architect or someone else with building experience.

A typical domestic building project will take around three months before work even starts on site. It wouldn't be unreasonable for the whole process to take a minimum of nine months to complete. However, each project is different and much can depend on the workload of those involved.

Ian Younghusband C5
Peer Support Officer – North East, SIA

Tailored accessible kitchens



SIA member and kitchen designer, Adam Thomas, explains how you can adapt your kitchen to suit your needs, ensuring that you continue to get full use and enjoyment out of this key living space.

I love being in the kitchen and cooking for the family every night, and for a houseful of friends on a Sunday lunchtime. Whether you want to reheat a ready meal or cook from scratch, full access in the kitchen means greater independence and a daily routine that increases confidence. Accessible bathrooms are already regulated by legislation, but there are still no guidelines for kitchens. So which aspects of a kitchen design really make the difference?

Layout

If you're newly-injured you may be adapting several rooms at once, and you will find that you need more floor space than before, especially if you're a wheelchair user. Knee spaces in accessible kitchens reduce overall storage space, so you might need to move a door, window or even a wall to create enough space for turning and storage that you can reach comfortably. Speak to an experienced kitchen designer as early as possible to make sure that these important decisions are considered from the outset, and that they have an understanding of your individual needs.

Design tip: plan your kitchen with the oven, hob and sink on the same run, to keep transferring of heavy pots and pans to a minimum.

Flooring

If you are a wheelchair user, you will find that the slightest incline causes your wheelchair to roll. This is annoying, and quite tiring if it means you have to use your brakes or keep repositioning. Have your floors levelled before any room is adapted.

Design tip: use good quality, non-slip flooring like Amtico or Altro on a properly levelled floor.

Doorways

You will need larger than standard doorways in your adapted space if you are a wheelchair user. Wheelchairs vary in dimensions and you are likely to change chairs over time. Ask your Occupational Therapist (OT) to help you make a generous estimate of the doorway width you are likely to need.

Design tip: do your research today to make sure you only have this work done once.

Furniture

The most durable material for kitchen cabinet doors is high pressure laminate – the same material that is used to make worktops. If you use a wheelchair or walking frame, this is the best choice, as it will shrug off the knocks and bumps and keep its good looks for years to come. It is also very easy to keep clean. Solid wood is the next best option as it has a natural warmth, and takes on character over time. Rigid-built units are the most solid, and modern manufacturing methods enable furniture to be built in any dimension to suit your needs and make the very best use of the available space.



Design tip: if you are a wheelchair user, select a tough material for your kitchen doors.

Worktops

Worktops can be set at one fixed height for a single user, or two fixed heights for a family home. Alternatively, for total flexibility, they can be mounted on a hydraulic rise and fall mechanism so that the hob and sink can be used at a comfortable height by any member of the household. We like to add a raised lip on all four sides of the worktop to contain spills.

Design tip: visit a disabled living centre or showroom where you can try out an accessible kitchen for yourself, to establish what you really need.

Sinks

We strongly recommend using solid surface materials in the sink area, so that there are no joints vulnerable to water damage. These modern materials are hygienic and easy to clean, and can be moulded into a range of interesting designs that are custom-made to suit the individual.

Design tip: check the depth of your sink. The deeper the sink, the higher the worktop will be.

Cooking – ovens

This is the area where safety is paramount. If you are not a keen cook, and just want to reheat meals, a good quality combination microwave oven



Kitchen designed with knee space below sink and hob

storage space comes down to you at the push of a button. This might seem an expensive option at first, but if it means you don't need to move that wall to make extra space, it can pay for itself. **Design tip:** if you do choose rise and fall wall units, make sure the mechanism moves forward as it lowers, so you can still use the back edge of the work surface for storage.

Don't be afraid to explore every option, and think about the small details. If you have impaired grip, or hand pain, try out several door handles and select the one that is comfortable and easy to use. Soft-close mechanisms on drawers and cupboards now come as standard on most quality kitchens, but for some people with limited hand strength they can make it harder to open a drawer. They may not be for you.

Try out the design ideas mentioned in this article by visiting showrooms and experience for yourself how much you can access in an adapted kitchen. Cooking and entertaining is a great activity, and with the accessible kitchens of the 21st century, cooking is now a pleasure too.

Adam Thomas T4/5 Design Matters

Tel 01628 521584
info@dmkbb.co.uk
www.dmkbb.co.uk

Height-adjustable wall cabinets



Cooking – hobs

We always recommend induction hobs. They are easy to keep clean, energy efficient, and safer than a conventional gas or electric hob. For safety reasons alone, induction is the best choice, but they are also very responsive in use and great for keen cooks. Touch controls on ovens and hobs are often more helpful for some than small dials, which can be difficult to grasp and turn in small increments.

Design tip: induction hobs come in all shapes and sizes. Choose the model that is right for you and your cooking style.

Height-adjustable storage

If you have the budget, overcome storage problems by mounting large wall units, or even small appliances on rise and fall hydraulics, so that the

might be sufficient. If you want to cook meals from scratch, look out for standard ovens that come with optional telescopic runners, making the oven shelves much more stable when extended. Investigate the Neff Slide and Hide oven, which offers great access as the oven door slides smoothly away for safety, and is much safer than a side-hinged door. Couple your oven with a heat-resistant pull-out shelf below, and make sure your worktop is situated well for transferring.

Design tip: work with your designer to have the oven mounted at the right height for you, and test out various worktop positions to make sure you can transfer pots and pans safely.



How to adapt your bathroom

Ed Warner, founder of accessible bathroom company Motionspot, offers a range of top tips to consider when designing your accessible bathroom.

The average person spends one and a half years of their lifetime in the bathroom. It is therefore frustrating when many accessible bathrooms lack the right function for disabled users and can be rather depressing in their design.

It is important to focus on the aesthetics and beauty of bathroom design without cutting corners in terms of functionality. It is paramount that the environment can adapt with the user's unique changing healthcare needs. We constantly review our services to ensure that we provide our customers with a full range of

accessible adaptations, to assist them with their everyday personal care.

We recently invited blogger Emily Yates to review a number of our bathroom projects across the UK. Speaking about her experience of accessible bathrooms, she said: "Having been a wheelchair user for the last thirteen years, I have

used my fair share of accessible – and not so accessible – bathrooms. There was always one thing that these bathrooms had in common though; function always came above form, often to the point where design almost ceased to exist. I have regularly left accessible bathrooms feeling like I've just been discharged from hospital; they can be so sterile, clinical and white, always white! Who really wants that in their own home?"

Here are some top tips to consider when designing an accessible wet room:



Level access shower floors

– level access floors can be installed on most floor types and with the right waterproofing, will last up to ten years.

Choose the right enclosure

– there are alternatives to the shower curtain that always seems to cling to you when wet. Bi-folding glass shower doors that can fold back to the wall when not in use, can maximise room space for wheelchair users.

A shower seat

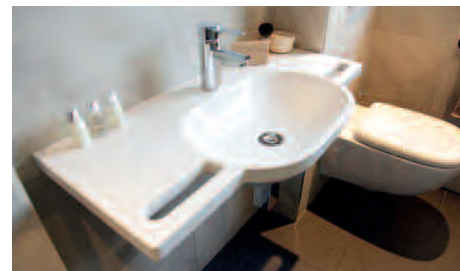
– if a commode is not being used, a well-designed seat can be fixed at the desired height for the user and can hinge to the wall when not in use.

A shower riser rail

– this unit can hold the shower head in place but can double as a support bar offering up to 100kg of vertical and horizontal support.

Wall hung toilets

– these allow for easier wheelchair transfer as the seat can be set at the desired height when installed. This removes the need for clumsy and often unattractive toilet seat raisers.



Thermostatic shower controls and mono bloc basin mixers

– contemporary in design with levers that can be operated easily for users with limited dexterity.

Chrome support rails

– popular in the shower and at the WC as they can hinge to the wall but can also be fully removed if required and replaced with chrome cover plates. This concept can transform any bathroom into a fully accessible space in under five minutes.

Low surface temperature towel rails

– these warm towels but do not get hotter than 47 degrees to ensure no skin is burnt whilst in use.

Slip resistant porcelain floor tiles

– getting away from the need for that hospital vinyl!

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Ed Warner, Motionspot
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Emily Yates

"Having a bathroom that offers the right access without compromising the design, delivers greater independence"

Finding the right location

Last night I came home to a note in my block of flats which said: "Whoever put the dead duck in the food recycling bin, could you kindly remove it and put it in the general waste. Thank you."

Underneath it was written, in an equally spidery hand: "Please note I have spoken to the council and it is fine to place dead animals in the food recycling bins."

Now, I don't know whether it's the notes, the people going through my rubbish, or simply whether this is the sort of place that ducks come to die, but I have of late decided that it may be time to move. I don't want to live in a flat any more. I want to live somewhere where I can listen to my own television, not my neighbour's. I want a garden – my own, private

"I don't want to live in a flat any more. I want to live somewhere where I can listen to my own television, not my neighbour's"

one, not one where every time I put a castor out of the back door I hear a disembodied voice say: "Oooh, going out in the garden are we?" And I want to live somewhere, where if I see someone going through my rubbish I can legitimately chase them off the premises with a cricket bat.

No, flats are out. So if not a flat, where am I going to live? A bungalow? Well if I had a desire to live in half a house and pay an extra £50,000 for the privilege then I may consider it. The only problem is that I am not completely deranged. I also refuse to bow to 'the man' and his 'system' which says that a disabled person must live on one floor whilst everyone else enjoys two-floor living. Our brothers and sisters died to bring us equality, and I'll be damned if I'll dishonour them by buying somewhere accessible to my needs.

So that basically leaves me

with no alternative but to buy a house and spend half of my life stuck upstairs like some kind of wheelchair-using Rapunzel, waiting for a knight in shining armour to come and fix my stairlift.

Well, I say stairlift, but I'm not sure a Thora Hird special is really for me. Firstly, transferring into one at the top of a flight of stairs is a sure fire way to increase my SCI by a couple of vertebrae. Secondly, I'm just too cool to be seen in one.

A through-floor lift may be the answer, but if so I can kiss goodbye to a bedroom for my non-existent kids. I suppose I could fit the lift in the guest bedroom, but I'm struggling to think of anyone who would be happy for a wheelchair accessible TARDIS to materialise at the foot of their bed in the middle of the night.

The numerous options are beginning to take over my tiny mind. Back in the olden days I used to while away my hours in the pub with my chums, talking about girls, football and the lack of accessible toilets.

Now most of my time is spent watching home improvement shows, daydreaming about completely gutting a house and creating a bespoke, wheelchair accessible paradise. After all, anywhere I buy will probably need a new bathroom, level access and the carpets ripped up. Why not just go the whole hog and engage in full-on wall Armageddon? The beauty of this approach is that any such building work will be VAT free as long as it's required for my disability (I'm sure Mick Jagger, Gary Barlow and Vodafone are working out how to get themselves a juicy, tax-exempt SCI as we speak...).

In fact, why stop at just refurbishing a place? Why not start from scratch and build myself a cliff-top, James Bond, villain-style bunker, filled with shag pile carpets and 70's furniture? It would certainly suit my plans for world domination, although I'm not sure whether the VAT exemption will stretch to a shark tank.

Dan Burden T5



My very own

grand design

Jamie Rhind looks back on the trials and triumphs of his home adaptation project, with a realistic appreciation of the unplanned obstacles that can (and usually do) occur.



Jamie takes in the extent of his home adaptation project

I love *Grand Designs*. I love everything about it, especially the delusional house builders that turn up at the inaugural meeting with King Kevin, clad in Hunter wellies and hard hats, grasping their homemade build schedule and cost calculations, both of which are written on the back of a fag packet. Every brick, window and screw accounted for, Miles and Susie both convinced that somehow their build will be different. Their build will run on schedule and they won't be forced to live in the crappy caravan in the garden for more than the 23 weeks it's definitely going to take to build their dream home. Their build will cost exactly what they have calculated it will cost, because they've done all their sums before embarking on this adventure, they're not idiots!

Of course they're idiots. They're idiots because the thought of building or renovating a house being simple and formulaic is delusional, and the belief everything can all be worked out before you start? Well it can't.

And I should know, as someone

who has recently embarked on my very own grand design, renovating a tired and dated 1930's chalet bungalow into a home fit for modern, wheelchair-friendly living. Thankfully, I haven't embarked on this gargantuan project alone, I have my wonderful girlfriend Anne to argue with about the colour of the grout on the bathroom floor and the type of screw-head for the door handles.

"It's important to be realistic about the cost and timescale"

I'm stating the obvious by saying that any major building project is stressful, but I don't think most people realise just how all-consuming it can become until they do it for themselves. Your mind is constantly filled with agonising decisions, from the location of walls, windows and doors, to the colour and type of tiles, carpets and paints. The 'to do' list never seems to grow as quickly as the bank balance shrinks.

My biggest tip would be making sure you get all the big stuff right and

out of the way in one go. Carpets can be ripped up, flowery wallpaper painted over, it's a bit more difficult to re-arrange room layouts or decide that actually 'you should have converted the garage into a study'. We were fortunate to have an architect friend cast his expert eye over our rabbit-warren style house of corridors and wasted space, to come up with a design that maximised the floor space and retained the need to be functional for a tetraplegic wheelchair user.

The aim of ensuring our house was renovated to our taste, and functional for my needs, has (hopefully) been achieved. Modern trends fall right into the hands of wheelchair users; open-plan living, walk/roll-in showers, these things are desired as much by the non-disabled as they are by wheelchair users.

Instruct a reputable builder, someone who has done work for someone you know, but in my experience try to avoid using someone you or your family know well; it can make difficult conversations even harder when the doo-doo hits the fan, which it inevitably will. And finally, be realistic about the cost and timescale. As *Grand Designs* always proves, there will always be unforeseen complications (our primary one being a sloping kitchen floor!), so try to factor this in to both your budget and schedule. And always remember that all of this is merely bricks and mortar, it's the people inside it that make it a home! Jeez, I sound like Jerry Springer when he does his final thought....

Jamie Rhind C5/6
Outreach Services Manager, SIA



Folding window doors

Getting around your home

There are several options available when it comes to transportation methods within your home. Whether you are thinking of investing in a stairlift or through-floor lift, there are many factors to consider. Below you will find some of the key pros and cons to help you decide which option is best for you.

Stairlifts

Pros

- Stairlifts require no structural work to a house. The rail bolts to the floor and stair treads, not the wall, and can be removed with little evidence of ever having been installed
- A house fitted with a stairlift can easily be resold, as the lift and rail are easy to remove
- Stairlifts are more cost effective than through-floor lifts
- The only visual impact a stairlift will have on a house is on the stairs and not in any room
- When not in use, stairlifts can be folded up and parked. A curved rail lift can take the carriage around a corner to hide it from view
- Chairs can be customised to fit all shapes and sizes of user and can be upholstered to blend in with home decor.



Cons

- Stairlifts are less suitable for wheelchair users as they need to be able to manoeuvre from the wheelchair onto the stairlift seat and back again, with a wheelchair at both the top and bottom of the stairs
- Stairlifts may not allow the user to travel with large objects, as they may unbalance the lift or exceed the weight limit
- A stairlift may only be a short-term solution for users with a progressive illness – if their condition worsens over time, they may find themselves unable to transfer onto or operate a stairlift
- If you have narrow stairs, installing a stairlift chair can make it difficult for people in the property who use the stairs.

Through-floor lifts

Pros

- The lift cars come in a range of sizes, suitable for a broad range of wheelchairs
- Traction drive systems facilitate soft start/stop as standard
- Through-floor lifts can carry up to 36-stone, enabling several people to travel at once
- The space provided within the car enables wheelchair users to travel from one floor to another without leaving their wheelchair
- Gates can be re-handed (opening direction changed) to suit individual needs
- Safety features include an emergency alarm with full safety edging on all areas, on-board manual lowering system, emergency release on upper and lower level gates and in-car lighting
- Most feature a self-levelling mechanism for uneven floors.



Cons

- Through-floor lifts are more expensive to install than stairlifts
- Through-floor lifts have a greater impact on the structure of a property in comparison to a stairlift
- The re-routing of electricity, gas and water supplies might be necessary depending on the planned installation location of the lift
- Due to the more comprehensive installation process, through-floor lifts can take longer to install than stairlifts.

For further information about through-floor lifts visit www.pollocklifts.co.uk

For more information about stairlifts visit www.platinumstairlifts.com

Breda Duggan
Publications Manager, SIA

From the ground up

When building an accessible home from scratch, or even updating a property you're already living in, there are a number of accessible gadgets and gizmos that can be incorporated into your new design. Tony Stephenson explains how he focused on his key needs and wants, to build a home that ticked all the boxes without compromising on the budget.



Tony's home was designed to meet his needs

Last year I was in the very fortunate position to be able to sell my house after 24 years of a 25-year mortgage. Financially, I was in a position where I could afford to build a bungalow. This enabled me to finally get rid of my through-floor lift, which had broken down many times over the last 20 years with me stuck in it several times.

Being in this position left me with decisions to make. I naturally wanted a home that was perfect for my needs, but catering for all wants would have been costly. There's a lot out there that can make living with a disability easier, but this can be excessively expensive. Automatic windows and blinds, bespoke adjustable kitchens and all singing and dancing toilets are all very nice, and also very expensive. I hoped

to be able to get a Disabled Facilities Grant, but with the contribution I would have had to make, it was hardly worth it.

So, I thought about my main needs. Firstly, I needed access to the bungalow. That was straight forward; make sure the UPVC front door and patio doors provided level access with no surround to get over. My architect obviously designed the bungalow without any steps.

Secondly, I needed a usable kitchen, with units at a reasonable height. The kitchen I had in my previous house had been adapted for me. It had wall mounted cupboards, a level-access oven and a hob with space for me to get my legs under. I got a standard kitchen, it suits me fine and if I need a lower surface for a lot of preparation

I can use the kitchen table.

Thirdly, I wanted to be able to open and close windows. I made sure handles were at the bottom of all the windows rather than on the sides. Next on my list was an easy access bathroom. I thought this would be very straight forward and it should have been. I only wanted a shower, toilet and wash basin. The toilet that was fitted was very nice but it was not practical. I use a shower-chair over the toilet. The first toilet that was fitted didn't come out far enough from the wall, so the shower-chair did not sit over the toilet properly. I spotted that very quickly and had it changed before I moved in!

I was fortunate to be able to build from scratch and have somewhere very easy for me to live in. If money was no object there are things I might have done differently. I could have had a bespoke kitchen, with wall-hung units that can be lowered and raised, remote-control windows and blinds and that all-singing, all-dancing toilet. But in reality I don't think I would have got any of that. It would have cost a lot of money and if I was really in a position where money was no object, then the whole project would have been very different. I'm definitely getting old; I think I would have escaped to the country. I thought about escaping to the sun, but I'd miss the rain.

Tony Stephenson T3
Peer Support Officer – Wales, SIA



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Bringing my bungalow to life



Ian's build in the early stages

SIA member Ian Hosking shares his home adaptation experience, revealing how he managed the funding of his build with the inclusion of zero-rated VAT adaptations.

In 2007 I bought a 1970's bungalow in Wendover, Buckinghamshire, with the idea to adapt and create a long-term home following my SCI in 2004.

I searched long and hard to find the right location more than the right property. The local area needed to suit more than the physical building. I was always going to adapt it anyway.

What I bought became a much larger job than I had initially planned for!

I was lucky to have a dad who had worked in the building trade all his life, designing, building and running his own construction business. Unfortunately, he wasn't based near where I wanted to live. He came up with a wonderful plan of how the place could look. I have watched *Grand Designs* on TV so knew what I wanted.

The plans were drawn, so now we needed planning permission. The local council was fine in principle, mostly because the front elevation was not going to change too much. They did, however, have concerns regarding the overall size, as the rear of the property was going to extend quite a lot. After 'playing the card', one of the rare times I called myself disabled, they agreed and permission was granted.

Now, to find a contractor. I did

a search and made a shortlist and after speaking to all of them I went to see jobs they had done and got quotes for my build. A final decision was made and a start date was agreed.

No building work took place for the first few weeks but there was plenty of demolition. Each time I visited the property I had less of a house than the previous day! Eventually things started to take shape. I couldn't get on site too much at first so project managed from digital photos and a laptop from the roadside.

"HMRC guidelines outline which accessible home adaptations are and are not entitled to zero-rated VAT"

I did a lot of work off-site choosing doors, windows, colours, bathroom suites and looking into the disability adaptation VAT exemption. I found guidelines on the HMRC website outlining what is and what isn't allowed at zero-rated VAT. As long as you describe the work item correctly to agree with their guidelines, it can be zero-rated. Obviously you can't lie



though! For example, I had a gravel drive and changing the surface is not zero-rated. I also needed to change the level of the drive and changing the height is zero rated. It just so happened that the new level is block paved (you just concentrate on the change of levels and not from gravel to paving).

Had I known better at the time, I would have totally demolished and started again as a new build, featuring all zero-rated work. I set out to not have anything that looked like a hospital. I just wanted to include clever adaptations that were not obvious in a home to enjoy and stay in for a long time. I'm happy with the end result.

Ian Hosking T3
SIA Member

For more information about zero-rated VAT, visit www.hmrc.gov.uk

Clober Farm

Spinal Injuries Scotland (SIS) was generously bequeathed the ground floor of a 280-year-old farmhouse in Milngavie, near Glasgow, by an Occupational Therapist (OT), Viv Donaldson. She had worked with SCI people and had recognised the difficulties in finding accessible accommodation for wheelchair users.



This was a massive project for the charity, our largest ever undertaken. The farmhouse was in need of a lot of work, having lain empty for some years. Wheelchair access seemed a challenge to say the least. Undaunted, the architects got to work. SIS put together a working group to share ideas and requirements for the refurbishment, in terms of access and equipment. This comprised members, staff and volunteers, some of whom had experience of building, designing or refurbishing a home. An OT from the Glasgow SCI Centre joined the group to share her expertise. The architects were keen to incorporate as many of their ideas as possible into the

design, while maintaining the 18th century charm of the old building.

After a lot of hard work stripping out the interior, we were lucky enough to be starting with a blank canvas in terms of the layout. This meant that we could make as much as possible accessible to wheelchair users from the outset, rather than having to adapt something that was already in place. With the help of some fundraising and some generous donations to the charity, the refit could commence.

A modern extension was added to the house. This contains the spacious living area and kitchen with level access from outside. There is underfloor heating throughout.

Access features in the kitchen include a height adjustable unit housing the hob and sink. There is a low-level fridge in the form of a drawer. The oven door slides away to allow a wheelchair user to safely access the interior shelves.

There are three bedrooms. The master bedroom features a tracking hoist and an adjustable bed. A number of different mattresses are available depending on

requirements. The ensuite is a wet room with shower and height adjustable sink.

State of the art technology has been included in the design. Blinds, windows, doors and lights can all be controlled centrally.

Outside, the garden has been designed for wheelchair access too. The BBC Scotland show, *Beechgrove Garden*, featured Clober Farm in their show, with two busy but fun-packed days of filming the changes. The garden is now a peaceful retreat where guests are encouraged to make use of the fruit, vegetables and herbs that they may encounter.

While the charity recognises that it is impossible to equip Clober Farm perfectly for all levels of SCI, the feedback from guests has been very encouraging. And we are very open to new ideas when our visitors make suggestions.

Clober Farm is available to rent, with priority given to those with an SCI and their friends/families. It is also available to those with other disabilities affecting mobility.

Clare Byrne
Volunteer, Spinal Injuries Scotland

For more details please see www.sisonline.org or email rosemarie.boyle@sisonline.org or clober.farm@sisonline.org

Kitchen designed with eye-level oven



Best room of the house

I haven't lived in many properties since my injury in 1980 (six in all) but other than the first one, which belonged to my mum and dad, I've never had a garden designed specifically for my needs. However, in March 2013 my family and I moved into our ideal home with a blank canvas of a garden.

I've always enjoyed looking at and sitting in beautiful gardens, and have enjoyed pottering about pulling the odd weed out here and there and planting where I could. But in all honesty, I've usually left the hard graft to others (especially my poor Dad!).

I knew I wanted something low maintenance, I didn't want concrete slabs as the pointing always seemed to break up causing the slabs to move, which then proved a hazard when wheeling across them. I wanted to be able to access the plants so that I could prune etc comfortably, and I wanted to be able to grow our own produce.

So how was I going to find someone to come up with something that would fulfil all of that and look good all year round too? In the end I decided to put

"I wanted to be able to grow our own produce in our garden"

a request on www.ratedpeople.com for a gardener to design a courtyard-style garden for a wheelchair user within a specified budget.

I was contacted by three different gardeners, all of whom came to see the area I wanted developing. As with all of these things I went with the one I gelled with straightaway. We met several times to talk over ideas, plants etc and Jacqueline listened to my concerns over moving paving slabs and the hazard that they can become later

on. Working as she does with a regular team of garden landscapers, Jacqueline discussed the matter with them and they agreed that a good solid foundation and the use of a special resin-bound compound was the way to go.

Raised beds were created with sleepers and lighting was set within them at floor level. As I didn't want any grass the area of paving was quite extensive, so Jacqueline suggested that I have an area laid with gravel to help break it up. As I have fallen victim to the odd gravel car park/path over the years, I wasn't too sure about this until she told me about the honeycomb plastic matting that would help to

keep the gravel in place and ensure that my wheels didn't disappear into the depths ... and I'm pleased to say it works a treat!

Dwarf, self-pollinating fruit trees were planted along one fence and strawberries, carrots, peas and lettuces were dotted amongst the plants in the raised beds, along with a variety of herbs.

The work took three weeks and I now have a low maintenance garden with plenty of room for me to manoeuvre around.

It wasn't cheap but it was created with me in mind and I'm now able to do 90% of the gardening. I've spent more time outside than I have in all of my previous gardens put together. Hardly a day goes by when I don't venture out there at some point,

no matter what the weather!

**Jackie Bailey T3
Peer Support
Officer – South
Central, SIA**



Jackie's accessible garden with honeycomb plastic matting, shown above

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Technological advances in rehabilitation

SCI rehabilitation evolves over time, but one feature that has remained constant for those looking to get back on their feet is assistance to stand and walk. The most commonly used method is manual assistance – usually from physiotherapists – where a person is helped to stand and walk.

The therapists use their hands and bodies to support and guide, which can be pretty hard work for both patient and therapist and not without worries and risks for both parties.

In an effort to make this easier, various products have been released to aid weight bearing. From tilt tables and frames for standing, to wheeled gantries that support and lighten patients for walking. In reality, these are often quite cumbersome or lack the ability to progress and have limited transfer



into everyday life, so often do not get used.

However, an exciting new system is set to change all this. The Bioness Vector Elite Gait & Safety System, is a computerised robotic trolley mounted on a ceiling track that can support people on their feet and move with them in all directions below the track. The user wears a comfortable harness, which attaches to the Vector via a rope. From a chair, the person can be de-weighted to enable them to stand with less or no assistance. The machine moves with them; as they stand, the rope that provides the offloading automatically retracts as they rise. In standing or walking, the person is free to move within their own limits of balance. If they do fall, then the system can either quickly catch them, or safely and slowly lower the person to the floor. In this way, the individual can learn by making mistakes, discovering their limits but also experiencing how far they can safely push things. Throughout this process, staff monitor the user, only there is less need for manual assistance and so a greater sense of independence. Any hands-on treatment can focus on encouraging better movement, as opposed to being purely supportive.

The award winning system was launched in the USA last year. But thanks to the hard work, vision and dedication of Clinical Specialist Physiotherapist, Kirsten Hart, and Ward Manager Sister Sara O'Shea, not to mention the generosity of the



National Spinal Injuries Centre (NSIC) children's fund, St Francis ward at the NSIC is set to be the first hospital in the UK to use the ground-breaking Vector Elite technology. The entire multi-disciplinary team is very excited at the prospect of this advanced and unique technology arriving on St Francis ward this month. The opportunities that the device holds for children and young people with an SCI connected to St Francis ward are limitless and fit well with the existing philosophies; ongoing maximal therapy provision and activity-based therapy. The Vector will complement the exciting and varied ward-based therapy that is already employed and enjoyed by the children and families on St Francis ward.

Together, with the recent Outstanding Team Award presented at SIA's Rebuilding Lives after Spinal Cord Injury Awards, there is a lot to be pleased with as the St Francis ward moves onwards and upwards.

Matthew Dale
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Caring for AGEING SKIN after SCI

The skin is a living organ and with age becomes thinner and it loses its elasticity. Circulation becomes sluggish and this reduces the amount of nutrients feeding it. All of these factors make the skin more susceptible to breaking down.

Taking care of your skin as you age with an SCI is very important. Not taking care of your skin can make you more susceptible to developing pressure ulcers. Pressure ulcers continue to be one of the leading complications of SCI and can result in long periods of bed rest with disruption to work and social life.

What can you do to help keep your skin healthy and intact?

Healthy lifestyle

- Try to keep your weight at the recommended level, as extra weight causes added pressure
- Eat good quality food, including adequate protein for tissue repair
- Drinking six to eight cups of water per day is a typical recommendation
- Try to keep alcohol intake to within the recommended levels
- Smoking is bad for the skin as it causes reduction of oxygen and other essential nutrients getting to the skin. Smoking also affects the arteries causing blood pressure to rise
- Being underweight can cause health problems and put you at risk of pressure ulcers
- Check posture regularly, avoid an uneven sitting position
- Keep your immune system healthy – check with your GP or a dietician if there are supplements you could take
- Mental health issues such as depression can alter your immune response to infections for example. If you are depressed you may neglect your personal daily routines, such as checking your skin
- Muscle mass decreases as we age but exercise helps to maintain strength.

Drinking water helps to keep skin hydrated

Skin hygiene and protection

- Try to prevent skin coming into contact with urine and faeces, as this can cause the skin to break down
- Check skin regularly for redness, tears, burns and signs of infection, especially around supra-pubic catheters
- You may find that your usual soap

"The condition of your skin reflects your overall health"

becomes an irritant and that you develop rashes. These should be investigated and treated quickly. Changing soaps, washing detergent and using barrier creams may help

- Use a sunscreen and protect your skin against extreme heat. In colder environments wear suitable clothing to protect against extreme cold.

Daily living

- Equipment may need modification, if lifting and transferring become more difficult; consider using a hoist. Ageing skin is less resistant



- to shearing forces
- Evaluate pressure-relieving aids such as mattresses and wheelchair cushions
- Keep abreast of new technologies and try new equipment
- Take extra care of your skin during episodes of illness
- You may become allergic to certain foods, which could cause general illness and affect your skin too. Knowing what is normal for you will help you to recognise any changes
- Avoid swelling, (oedema) particularly in the legs and don't leave it untreated. This can weaken the skin further.

Creams, ointments and medications

Steroid creams are sometimes prescribed for various skin conditions such as hypergranulation (tissue which forms on the surface of a wound during the healing process). This can occur around the site of a supra-pubic catheter. Use steroid creams sparingly as they can cause the skin to become thin, making it more susceptible to tearing and infection.

Creams such as Canesten can be used to treat fungal infections, especially on the feet. Always use until the infection has disappeared and always wash hands thoroughly before and after application.

Zinc is an important trace element helping to maintain healthy skin and nails. It is also good for wound healing. Zinc can be applied locally in the form of a cream and can be taken orally in a tablet, powder or capsule.

Vitamin C is also good for the skin. Vitamin C is water soluble and the body will destroy what it does not need, so don't waste money taking unnecessary large doses.

The advice provided here lists just some of the ways that you can protect your skin. If you have any concerns about the health of your skin, consult your SCI Centre at the earliest opportunity.

Joy Sinclair
Ageing Well Officer



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My life was transformed with a Baclofen pump



After an accident (C5/6 incomplete) in 2010 I was hospitalised for 15 months. When I was discharged in May 2011, I had moderate spasticity that caused the muscles down the left side of my body to tighten, leaving me bent to the side. With rehab I began to slowly progress but in June 2012 the spasticity worsened. I was given oral Baclofen to reduce the spasms but I was soon taking the maximum dose and whilst this high dosage prevented further deterioration it negatively affected my mental state, which is a known side effect. I found daily tasks challenging and became tired, forgetful, indecisive and detached, meaning I was increasingly dependent.

In the autumn, my consultant suggested I should consider having a Baclofen pump inserted. She explained that the pump is an implantable, battery-powered device that stores and directs Baclofen directly into the spinal column. This meant the pump would reduce my daily dosage, which should both help the spasms and significantly improve my mental condition. I did my research and found the majority of user's experiences were positive; most patients said that it helped them to improve daily function and activities. I was encouraged by these

experiences so agreed to a trial, which is where they inject liquid Baclofen into your spinal column. The results were a revelation. My body became so much more relaxed and almost straight, and whilst my mental state did not respond automatically (I was not surprised as I was still taking the oral Baclofen). The trial filled me with confidence and I agreed to the procedure.

I had the pump inserted in January 2013 and the procedure went well. I was delighted with the results! My posture and spasticity hugely improved and I was able to gradually reduce my oral Baclofen. I may be able to reduce it further in the future by potentially having the pump dosage increased, but I will need to work closely

with my consultant to do this, as I also need to manage my finger spasticity. Whilst the pump has been great for me, my finger spasticity has not responded so well, but this is a minor disappointment.

So far, I have been back to have my pump refilled three times. It is done with an injection, is painless and takes only 20 minutes. The pump is located on my left lower abdomen and is hardly noticeable. I can't feel it and don't normally even think about it.

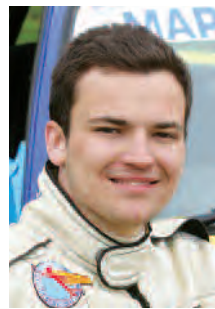
The pump has been hugely beneficial to me. I am now able to make a positive contribution to my family in a way that was not possible before. I would not hesitate to recommend it to anyone in a similar situation.



Medtronic

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Building 9
Croxley Green Business Park
Hatters Lane
Watford
Herts WD18 8WW
UK
www.medtronic.co.uk
Tel: +44 (0)1923 212213
Fax: +44 (0)1923 241004

Racing against the elements



Following an eventful second round, Aaron Morgan looks ahead to his final two races of the motoring season.

Round two of our 2014 season took place at the Rockingham circuit in Corby, which was my first visit to the track. I managed to qualify in 11th position and thought the circuit was fantastic. Race one began and I made a very good start. However, in the first few laps I was forced to slow down due to a spinning car which lost me six positions. I finished the race in 18th position but quickly went to the clerk of the course about being overtaken under a yellow flag situation. This was to no avail as I was told that the yellow flags were not out due to the incident still taking place and I was just unlucky. I was very frustrated and started the second race in 18th position. I made a bad start and eventually finished the race in 19th position. I left annoyed with my bad luck but was happy that I was able to qualify as strong as I did.

Round three took place at Cadwell Park, also known as the 'Mini-Nürburgring' due to its fast flowing nature. I felt really good in qualifying but was not able to find any gaps on the narrow track to set a good time, leaving me in 15th position for race one. In a sloppy first few laps I lost a position only briefly before the same driver spun out. This left a big gap between me and the driver ahead. I got my head down and caught the group I was chasing, gaining a position on the last lap. I had mixed feelings after the race as my fastest lap would have put me in 7th position in qualifying. I finished both races in 16th position due to the difficulty overtaking. I knew at Oulton Park I needed to qualify better.

I was able to do this at a very wet



Oulton Park and was 9th on the grid for race one. I had used faster cars to pace myself against during the session. Conditions in both races were very tricky due to the weather but I finished both races in 12th position, the best I had ever achieved.

I was delighted, especially to have achieved this in the wet conditions.

Car troubles

I was really excited for round five at Brands Hatch on the Grand Prix circuit, which is my favourite. However, during qualifying I again paced myself against a fast competitor but due to car trouble he was slow and I was held up. This left me in 20th position for race one, in

damp conditions. However, a number of drivers were caught out at the last corner and the race was red flagged. During the restart the track was completely dry and I pushed my hardest, finishing in 18th position.

Unfortunately, there was an issue

with my car making me slow on the straights. Despite this, I managed to finish in 16th position at the end of race two. Looking at my engine issues is a priority and will be fixed before my

next race. Brands Hatch was another part of the up-and-down season that I am having in 2014. But there are two races left to go and I hope to end the season on a high.

Aaron Morgan T6

"Looking at my engine issues is a priority and will be fixed before my next race"

To follow Aaron's progress follow him on **Twitter** or **facebook** by searching for **AM racing**, or visit www.aaronmorganracing.com



Best foot forward

Use it or lose it

Johnny Sombbrero and his gang went horse riding the other day, western style. They are in training for a 'dude' ranch holiday in Arizona during the next half-term weekend, so we wanted to check if (a) I could get onto one of the things and (b) all of us could direct one more or less successfully from way up there in the saddle. We've paid for the trip upfront so God knows what we would have done if there was a problem.

The boss at the New Forest stables was defensive over the phone, and clearly hadn't done his inclusion training, but we turned up anyway, with our heeled boots and long trousers, and of course it was OK in the end. They had a mounting block so I bum-shuffled up its steps and swung a leg over the nag's neck rather than its bum.

I have the thigh muscles required to help point the horse in the right direction so, although it insisted on stopping to eat greenery whenever it felt like it, I felt sort of in control. The hour-long ride made my rear sore (no worse than the others') and I can confirm that the

cowboy saddle is far more comfortable than the ones we Brits usually perch on. So we're looking good.

My legs are about as strong as they are ever going to get, I have decided, and so I'll stop the private physio after my next session. It occurred to me that I have now learned to walk for the third time – once as a toddler, then as a 33-year-old and again most recently – and so my introductory motivational lecture (if anyone's interested in booking me for a huge fee) will be entitled *Third time lucky*. All rights reserved.

The only trouble is, I'm now having the devil of a job to maintain this

strength. I'm 61 now (someone called me 'sir' the other day) and we all lose muscle mass much more easily at that age. At the second time of asking, I was young and fit and walked all day long, feeling that every day I was getting stronger. Today, if I don't walk, I feel this hard-won strength ebbing away. I still weight bear on crutches and am not sure I'll ever be able to use sticks with confidence again. In fact, when it comes to hip and knee joints by persisting with the canes I may be doing more harm than good.

Don't fight it!

I'm still fit though, more so than in years probably, and I have decided there's no point in fighting the ageing process. I will still walk, every day if I can, but more with the intention of maintaining bone density and the old metabolism rather than building strength. I've set up my hand-bike so I can climb hills with bended knees and use a rowing motion on the cranks, which at least puts some blood through the muscles. Tell me if you think I'm wrong, but it makes sense to me.

That's no excuse not to stay active. No siree. At the time of writing this article, I'm training for a 1,500-metre open-water swim on 27 September and, of course in a month or so, my happy band of buckaroos will be riding the range to shoot up the sheriff of Yucca. I'll write about the trip in a future issue of *forward* as the ranch claims to be ADA (Americans with Disabilities Act) compliant throughout – so presumably offering a more dignified route into the saddle than the less than dignified bum-shuffle.

Johnny Sombbrero rides!

Andy Healey L1



It's easy to advertise here! Simply email your request to:

b.duggan@spinal.co.uk. Contributions for the December issue should reach the editor by **3 November 2014**

Vehicles and Accessories

PLYMOUTH GRAND VOYAGER

LH drive, hand controls, MOT until May 2015, side ramp entry, drive from wheelchair or seat. Dual fuel. Reg 1991. Mileage 92,643. Quick sale £1,500. Bolton. **Tel: 01204 431 455**

ASTRA 1.8 AUTO 2007

Manual controls, one owner. 10,800 miles from new. Braun wheelchair roof-box, auto controls. Excellent condition. Sell as one or split. £5,500 ono. Pictures available. **Tel: 01903 244188 or 07711 187 184**

AUTOMATIC TOYOTA YARIS

with Braun wheelchair carrier and hand/foot controls. Blue, 3dr hatchback, 53 reg, towbar, sunroof, A/C, PAS, FSH, petrol, 92,000 miles, £1,995. Only selling due to now having to use Motability WAV. Pics available. **01424 813 503 or 07910 152 422** (East Sussex).

STATIC CARAVAN CONWY

Manufactured ABI 'Prestige' 2010. 6 berth, 2 bed. Fully wheelchair accessible, entrance ramp professionally built. Roll in shower. Sited on a very nice site, views over river and valley. Mains gas, excellent condition. Owners health forces reluctant sale. Please contact for photos/details. £18,500 ono. **Tel 07974424703 email m.watkin1@btinternet.com**

VEHICLE HIRE, NEW ZEALAND

WAVS, hand control cars and left foot accelerator cars for hire. Explore New Zealand – we make it easy! We are happy to pass on our former clients' recommendations with regards to activities and accommodation. See www.freedommobility.co.nz

METALLIC BLACK CENTERVAN

Grand Voyager Ltd. New shape (RT) with space drive 4 way joystick. Drive from wheelchair. £42,000 ono. Automatic, diesel 2.8 litre turbo, 5 seats + 1 wheelchair + 2 removable centre seats, current mileage 23,949.

First registered 2010 with one previous owner. Two sets of keys and fobs. Privacy glass. Reversing sensor and camera. Bluetooth handsfree phone. Three zone aircon. Cruise control. Radio/CD player, Sat Nav, DVD roof screens. Leather interior. Folding mirrors. Quality SDL Centervan conversion with near side ramp and kneel system. Call Steve **07827 881411**

Wheelchairs and Accessories

ALBER E-FIX SYSTEM Converts manual wheelchair to electric. Purchased December 2013. Price includes Quickie 2 wheelchair and wheels. E-fix system can be re-fitted to another chair by Gerald Simmonds. £1,500 ono. Can supply picture. Southampton area. May be able to deliver.

CUSHIONS 2 x Roho single valve, high profile. One 9x9 cell (42x42x10.5cm), very good condition. £100 including pump and cover. One 8x8 cell (38x38x10cm), reasonable condition, good as a spare. £30. Brand new unused Roho commode cushion (40x46x6cm), £300. Varilite Evolution PSV cushion (40x40cm), good condition. £50 including 2 covers.

DECON SPIDER WHEELS Black, lightweight wheels (24"x1", 25-540 tyres). Quickie compatible axles. £50 ono. **Tel: 023 8025 3998**

OTTOBOCK XENO STAND-UP ELECTRIC WHEELCHAIR

Includes electric tilt in space, standing facility, reclining back, headrest, L/H swing-away controls, large soft headrest, fork joystick knob, special backrest for comfort and positioning, adaptations to provide narrower seat width, solid tyres and four point harness. Hull. £5,000. Please call Suzie/Rachel on **01636 813 873** or email s.leeson@rachellundotc.co.uk

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Equipment

GRANDSTAND ADULT STANDER SERIES 11 WANTS A HOME

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Wanted

PERSONAL ASSISTANT, LEEDS

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LAKE DISTRICT, WINDERMERE

Timber lodge in a 4-star park on the shores of Lake Windermere. 40ft x 20ft timber clad throughout.

Includes all fixtures and fittings, including furniture, bed linen and beds etc. 42 years left to run on lease. Hire income usually pays the ground rent. Sleeps four in comfort, fully wheelchair accessible, wet room and family bathroom. View at www.timber-lodge.co.uk Email: info@gossonline.co.uk **Tel: 01423 323 123**

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MAYENNE 18th century stone property with four bedrooms and a three-acre private lake for fishing. Wheelchair accessible, with ground-floor bedroom and en-suite wet room. www.francefishingholiday.co.uk or telephone Darren C6/7 on **01405 816 750**

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Ground-floor, two bedroom apartment, sleeps four/six. Level access throughout. Designed specifically for people with spinal cord injury. En-suite bathrooms, air-conditioning, full heating. Height-adjustable beds, pressure-relieving mattresses. Separate upstairs apartment available for family or friends. www.originicare.co.uk click on L'Origine or call Nathalie on **00 33 632 56 61 75**

PROVENCE

Detached single-storey villa adapted for wheelchair user. Owner

It's easy to advertise here! Simply email your request to:

b.duggan@spinal.co.uk. Contributions for the December issue should reach the editor by 3 November 2014

T3 paraplegic. Private gardens, pool and secure parking. Sleeps four in two bedrooms. One with wheel-in wet room, shower and shower chair, the other with bath and shower. 10 minute walk from the shops at Lorgues and a 45-minute drive from the coast.

www.accessvilladelorgues.co.uk
Contact Geoffrey Croasdale
Tel: 01753 850 564
Email: g.croasdale@btopenworld.com

SPAIN

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Email: info@lapiedras.co.uk
Web: www.laspiedras.co.uk

ALCOSSEBRE Superior, front line two bedroom apartment with en-suite level access shower. Modern low rise complex, beautifully kept gardens, swimming pools. Large terrace overlooking beach. Wheelchair accessible throughout. Level access to bars and restaurants. Secure parking.

Email: tedbid@aol.com
Tel: 01228 561 219

SPAIN, COSTA BLANCA, JAVEA

Spacious, fully-equipped, luxury, five-bedroom villa, sleeps 10. Three bathrooms (two en-suite, one with roll-in shower). Flat plot, fully accessible gardens. 12m x 6m pool with hoist. Sky TV. 2.5km to beach. Vehicle required. Contact John Kenny 07721 336 747
enquiries@casadefloresspain.co.uk
www.casadefloresspain.co.uk

SPAIN, COSTA BLANCA, JAVEA

Lovely wheelchair friendly villa set in large colourful gardens on level, gated plot. Well equipped,



three beds, two baths, master bed with large en-suite bathroom and wheel-in shower (chair provided). Cable TV with Sky and English channels, DVD player plus DVD library, free broadband internet access. Wheelchair-friendly gardens, 10m x 5m pool with easy-to-use water-powered pool lift and full-size outdoor table tennis table.

T1 paraplegic owner. Contact Norman or Sue.
Tel: 01900 67280
Mobile: 07818 406 861
Email: info@accessvillaspain.com
Web: www.accessvillaspain.com

SPAIN, COSTA BLANCA, TORREVIEJA

Established, detached family villa with lovely gardens in sunny Torrevieja on the Spanish Costa Blanca. Huge wheel-in swimming pool. Custom-built for C5 owner. Close to beach and all amenities. Airport 20 mins. Converted vehicle also available to hire. For details 01262 676 015
www.disabledvilla.com

PORTUGAL

ALGARVE, PORTUGAL

Spacious private villa with pool and hoist. Three bed, two bath with wheel-in shower. Shower chair provided. Well-equipped kitchen. Two barbecues. All doors one-metre wide. Level access throughout villa and pool area. Paraplegic owner. Debbie Wells.
Tel: 01277 354 313

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Email: sia@ouricodomar.com
Web: www.ouricodomar.com

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CYPRUS

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Tel: 01242 573 233 or visit www.accessiblefloridavillas.com

ORANGE TREE, ORLANDO,

FLORIDA Five bed/four bath, purpose-built wheelchair accessible villa overlooking lake and conservation area. Level access throughout, Wheel-in shower and shower chair. Non-chlorine x-large pool with spa, both accessible by hoist. Free Wi-Fi, sleeps 12, short drive to attractions and amenities. Paraplegic owner.
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www.theukweb.com/disabled-holidays or phone for more information Allan or Jan 01274 588 142

SCOTLAND

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Tel: 0141 427 7686 / 0800 0132 305

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Advertisements placed in *forward* will be posted onto SIA's website at www.spinal.co.uk after the magazine is published.

Member Rates The charge is 40p per word with a minimum charge of £15 for any one advert.

Non Members The charge is 70p per word with a minimum charge of £20 for any one advert.

You can email your advertisement to the editor, Breda Duggan: b.duggan@spinal.co.uk. Please telephone 0845 678 6633 ext 3 to pay by card.

The closing date for contributions for the December issue is 3 November 2014.

SIA strongly recommends that before committing to an advertised product, service or accommodation in this section, you first confirm all aspects of the advertisement and your required needs directly with the advertiser. It is advisable to obtain written confirmation that any facilities or special needs that you have can be met by them, ahead of making a booking/agreeing to a purchase. SIA cannot take responsibility for any inaccuracies or omissions and purchases/bookings made are entirely at your own risk. If you have any comments, please email b.duggan@spinal.co.uk

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Oldbrook, Milton Keynes,
MK6 2HH

Tel: 0845 678 6633 ext 207

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7	Santa Kit	£2.00		
8	Magic Reindeer Food	£1.00		
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			Postage & Packaging	
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Please make cheques payable to: **Spinal Injuries Association**

Christmas cards can be purchased using one of the following three methods:

ONLINE through the shop on our website using your card details at: www.spinal.co.uk

TELEPHONE using your card details: Tel **0845 678 6633** Ext **207** (Chris Pinches)

CHEQUE made payable to: **Spinal Injuries Association**

Cheque payment including the order form should be returned to:
Chris Pinches, SIA House, 2 Trueman Place, Oldbrook, Milton Keynes MK6 2HH

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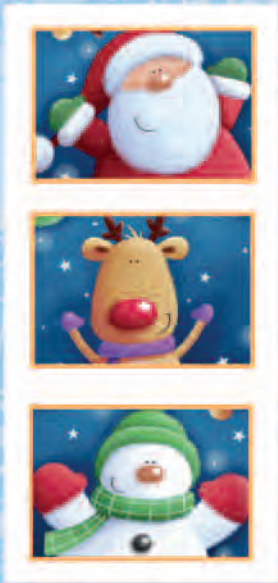
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MEDICOTECH

Christmas Cards 2014



1. Three Festive Faces
Size: 100 x 210mm



2. Horse & Snowman
Size: 121 x 171mm



3. Snow Angel Santa
Size: 150 x 150mm



4. Present For You
Size: 171 x 121mm



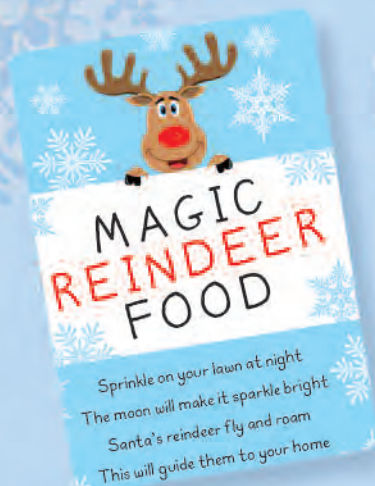
5. Three Kings To Bethlehem
Size: 150 x 150mm



6. Colour-me-cards
Size: 100 x 145mm



7. Santa Kit
Santa Letter, Wish List,
Envelope & Door Hanger



8. Magic Reindeer Food



9. Wrapping Paper
5 Sheets of Giftwrap and 5 Tags. Contents
may vary. Approx. Size: 500mm x 695mm

Please complete order form overleaf