



SCOUTING WITH THE DISABLED





World Organization
of the Scout Movement
Organisation Mondiale
du Mouvement Scout

© World Scout Bureau,
March 2000.

Reproduction is authorized to national Scout associations which are members of the World Organization of the Scout Movement. Others should request permission from authors.

This publication has been made possible through the support given by the Queen Silvia Fund of the World Scout Foundation.

World Scout Bureau
P.O. Box 241
1211 Geneva 4, Switzerland

worldbureau@world.scout.org
<http://www.scout.org>

SCOUTING WITH THE DISABLED

TABLE OF CONTENTS

1.	INTRODUCTION	1
2.	ORIGINS OF THE MOVEMENT	5
2.1	Baden-Powell's philosophy on young people with disabilities	5
2.2	Early practice	6
3.	WORLD SCOUTING'S POLICY: WOSM CONSTITUTION AND RESOLUTIONS OF THE WORLD SCOUT CONFERENCE	7
3.1	WOSM Constitution	7
3.2	Resolutions of the World Scout Conference	7
4.	A GLOBAL APPROACH AND A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING THE PROBLEMS OF DISABILITY AND HANDICAP IN THE WORLD TODAY	9
4.1	World incidence of disability: the global picture	9
4.2	Conceptual framework: impairment, disability, handicap	11
4.3	Conceptual framework: prevention, rehabilitation and integration	12
4.4	Health and disability: a global approach	14
4.5	The participative and supportive approach: general philosophy	15
5.	DISABILITY, HANDICAP AND THE SOCIAL ENVIRONMENT	17
5.1	Poverty and disability	17
5.2	War and disability	18
5.3	The disabling world: influence of other people's attitudes and behaviour on disability prevention and rehabilitation	19
6.	SCOUTING WITH THE DISABLED	21
6.1	Historical evolution (1922-1968)	21
6.2	Highlights of developments 1968-1993	22
6.2.1	Period 1968 to end 1982	23
6.2.2	Period end 1982 to 1986	24
6.2.3	Period 1987 to 1999	25
6.3	World Scout Jamborees and Global Development Villages	27
6.4	Innovative approaches by National Scout Associations	29
6.5	Summary of main trends: positive image, social integration, health and handicap	31
6.6	Role of Scouting in the detection- prevention - rehabilitation process	32

7.	PROSPECTS FOR THE FUTURE	35
7.1	The dynamism of the international community	35
7.1.1	Technological progress	35
7.1.2	Political will: the mobilisation of the international community	35
7.1.3	Progress from the conceptual point of view	37
7.2	Scouting's own internal dynamism	38
8.	CONCLUSION	41
	REFERENCES	43
	ANNEX I: RESOLUTIONS OF THE WORLD SCOUT CONFERENCE	51

"1. States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community.

3. Recognising the special needs of the disabled child, assistance extended... shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development."

(The Convention on the Rights of the Child, Article 23) ¹

"... There can be no task nobler than giving every child a better future."

(World Declaration On The Survival, Protection And Development Of Children) ²

"5. The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the educational system."

(World Declaration on Education for all) ³

"• We want especially to help the weaker not to feel their weakness, and to gain hope and strength.

(Baden-Powell) ⁴

1. INTRODUCTION

Resolution No. 2 adopted by the 1990 World Scout Conference in Paris clearly states that "...as a result of the "Strategy for Scouting", the Movement should benefit a greater number of young people, particularly *those in greater need of the Movement's benefit*"⁵. The subject matter of this reference document deals with one such category of young people: those suffering from a disability or a handicap.

The *title* of the document deserves a word of explanation. First of all, it is important to underline that the term "Scouting *with* the disabled" is used consistently instead of Scouting *for* the disabled, in order to stress that young people with disabilities should be the main agents of their own development and that the Movement should grant them – as well as other young people – full opportunities for involvement and participation.

As most readers will know, many other titles were possible: "Extension Scouting" has been used in many countries for a number of years to avoid the word "handicap"; more recently, "Scouting for all" has also been used. Furthermore, some international organisations, such as UNESCO, include people with disabilities or handicaps within the label

“people with special needs”⁶. However, it has to be acknowledged that these three terms are not specific enough for the subject matter of this paper. Therefore, for reasons of conceptual clarity, the title “Scouting with the disabled” was selected.

The demarcation of the *subject matter* also requires a word of explanation. For reasons of comprehensiveness and coherence, this document *deals only with physically and mentally disabled* people and not with what have been called the “socially handicapped”. While being aware that other publications may have made a different choice, there are solid reasons for the approach adopted. They are, in a nutshell: 1) The field of physical and mental disabilities is in itself a very vast domain of enquiry. Such a complicated subject will gain in conceptual clarity if it is dealt with alone, without adding further categories. 2) Causative factors (genetic causes, accidents, diseases, infections, etc.) for these types of handicap are not the same as for “social handicaps”(even if cultural deprivation or lack of social stimulation could play a role). 3) Furthermore, there is considerable discussion on the label “social handicaps”, which many people feel is an incorrect extrapolation of the word “handicap”, which should keep its original meaning. 4) Finally, perhaps as a result of the influence of the mass media in “categorising” people, there is a tendency to include as “socially handicapped” or “socially disadvantaged” not only the homeless and the unemployed but also non-achievers at school, or even those with dysfunctional families or single-parent families. Whatever the reasons for including these categories, it is clear that the label “socially handicapped” becomes a bottomless pit, thereby detracting from the conceptual clarity.

To further define the *scope of this study*, it is important to add two remarks:

- 1) Every effort has been made to present the general picture of children and young people with handicaps within a much broader context: the socio-political-economical point of view, which takes account of the broad disparities between industrialised and developing countries, or roughly speaking, the North and the South.
- 2) The questions of eating behaviour, the use of tobacco and alcohol, drugs, suicidal behaviour and related subjects have already been dealt with in a succinct way in the document “TRENDS”⁷, which was circulated to all National Scout Associations in 1994.

Finally, it is important to underline the relevance of this reference document at this particular point in time.

- The international community will soon be celebrating 20 years of the “International Year of Disabled Persons” (1981). Subsequently, 1983-1992 was declared the “United Nations Decade of Disabled Persons”. On that occasion, many research studies were made and their findings used to revise existing policies and establish new ones, both at national and international levels.

- In the 1990s, the international community convened several important world conferences, notably the “World Summit for Social Development” in 1995. One of the major objectives of this meeting was “... the enhancement of social integration, particularly of the more disadvantaged and marginalised groups”⁸. The question of young people with disabilities clearly falls within this definition.

This paper will attempt to summarise the results of that Year, that Decade and subsequent decisions of the international community, and to draw conclusions for Scouting.

2. ORIGINS OF THE MOVEMENT

2.1 BADEN-POWELL'S PHILOSOPHY ON YOUNG PEOPLE WITH DISABILITIES

There are strong indications that Scouts with every kind of limitation or disability have been present in Scouting since the very beginning of the Movement.

Writing in "Aids to Scoutmastership" as early as in 1919, B-P realised that: "Through Scouting there are numbers of crippled, deaf and dumb, and blind boys now *gaining greater health, happiness and hope* than they ever had before"⁹.

This idea of giving consideration and opportunity *to everyone* was a constant concern in B-P's mind. In May 1920, while he involved in the preparations for the First World Jamboree to be held at Olympia (London, England) later that year, (in August 1920), he wrote in the "Headquarters Gazette":

"In addition to the more muscular activities at the (Olympia) Jamboree, we have to give consideration and opportunity to those boys who are not physically capable of extreme competitions of endurance. We want especially to help the weaker *not to feel their weakness*, and to *gain hope and strength*."¹⁰

B-P realised, however, that *some adaptations were needed*: "Most of these boys are unable to pass all the ordinary Scout tests, and are supplied with special, or alternative, tests." He warns, moreover, that over-protection and paternalism should be avoided: "The wonderful thing about such boys is their cheeriness and their eagerness to do as much in Scouting as they possibly can. They do not want more special tests and treatment than is absolutely necessary"¹¹.

Following on with the same idea, he emphasises the general rule of education: help them to *become autonomous* in as much as possible and gain in self-esteem: "Scouting helps them by associating them in a world-wide brotherhood, by giving them something to do and to look forward to, by giving them an opportunity to prove to themselves and to others that they can do things – and difficult things too – for themselves"¹².

It is important to stress that this is not an isolated set of quotations, but an expression of *B-P's general educational philosophy*. In this respect, when dealing with what he called (using the terminology of his time) the "duller boy", he said in 1919: "Go by the pace of the slowest"¹³, and in "Scouting and Youth Movements" (written in 1929), he insisted: "In the cavalry we were taught to go by the pace of the slowest horse"¹⁴. Then, again, in the preface of the 26th edition of "Scouting for Boys", which he wrote in 1940, he said: "The aim of the leaders is to help not merely the promising boys, but also, and more especially, the duller boy"¹⁵.

It can be said, in conclusion, that in this aspect, B-P was ahead of his time, as he realised that – as long as the appropriate setting is provided – young people with disabilities could not only be involved in Scouting, thereby gaining self-esteem and self-confidence, but also offer the Movement their personal skills and leadership.

2.2 EARLY PRACTICE

Two important facts are worth mentioning in this section.

Within Scouting symbolism, the Jamboree has always signified “prophecy and anticipation of a different world, more peaceful and brotherly than the present one”¹⁶. For that reason, it is important to underline two facts which contribute to that symbolism:

- Scouts with disabilities have always attended World Jamborees.
- Since the early stages of the development of the Movement, it has been traditional to devote the results of the collection of the “Scouts Own” to the development of Scouting with the handicapped, thereby showing that when praying, Scouts never forget the less privileged among them. This tradition was institutionalised by a resolution of the World Scout Conference in 1955. *(See section 3.2 below and also Annex I, page 45.)*

3. WORLD SCOUTING'S POLICY: WOSM CONSTITUTION AND RESOLUTIONS OF THE WORLD SCOUT CONFERENCE

3.1 WOSM CONSTITUTION

Chapter 1 of the Constitution of the World Organization of the Scout Movement (WOSM) deals with the “fundamentals” of Scouting, that is, the basic elements upon which the unity of the Movement rests.

Article I defines Scouting as *“a voluntary non-political educational movement for young people, open to all without distinction of origin, race or creed, in accordance with the purpose, principles and method conceived by the Founder...”*¹⁷

As this definition clearly indicates, one of the basic precepts of the Movement is the principle of non-discrimination, provided that the person voluntarily adheres to its purpose, principles and method. The constant practice of the Movement throughout its more than 90 years of existence has been that young people, whatever their abilities (or disabilities), can benefit from Scouting, that youth programmes can be adapted to meet the needs of disabled young people and that Scouting can play a significant role in the prevention-rehabilitation-integration process.

Article 3 of the Constitution introduces the Scout Method, which is defined as “a system of progressive self-education”, one of whose key components is the Promise and Law which includes the concept of “doing one’s best”.

This concept is particularly relevant to Scouts with disabilities as Scouting’s educational approach is person-centered. It accepts that each young person is a unique human being with his or her own personal background, variations in needs, capacities and pace of development. It seeks to help each young person to develop his or her capacities to the best of that person’s ability (doing one’s best).

Scouting does not aim to make the young person conform to a pre-set ideal model nor does it seek to achieve a pre-determined set of standards. Therefore, Scouting is fully successful when a member (with or without disabilities) leaves the Movement with a positive attitude towards entering adult life and has the potential to play a constructive role in society.

3.2 RESOLUTIONS OF THE WORLD SCOUT CONFERENCE

For ease of reference, these Resolutions are presented in chronological order (*see Annex I*).

It might seem surprising that there have been only three resolutions on the subject in the long history of the Movement. The explanation is, however, quite simple. The development of Scouting with the disabled was always considered as something which was self-evident, taking into account the philosophy of the Movement. Furthermore, it was also considered to be a matter pertaining to National Scout Associations. Therefore, there was no need for World Conference resolutions to establish a policy, since that policy was implicit in the definition and purpose of the Movement and was never challenged by anyone.

For that reason, the two resolutions adopted in 1955 dealt mainly with the support necessary for that section of Scouting: the establishment of an “International Advisory Committee on Scouting with the Handicapped”, the allocation on any collections made at religious services during world events to the international fund for the development of Scouting with the handicapped, and the support provided to that fund by the “Stamp Scheme”. This also applies to a certain extent to Resolution No. 4 of 1988 dealing with the most effective ways to support Scouting with the disabled at national level.

The most recent World Scout Conference resolution dealing with the subject matter of this paper concerns a specific aspect: landmines. It will be examined in sections 5.2 and 6.3 below.

4. A GLOBAL APPROACH AND A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING THE PROBLEMS OF DISABILITY AND HANDICAP IN THE WORLD TODAY

This presentation aims to give an overall picture of the situation, in order to introduce the reader to the magnitude of the problem of the disabled in general and of disabled children in particular.

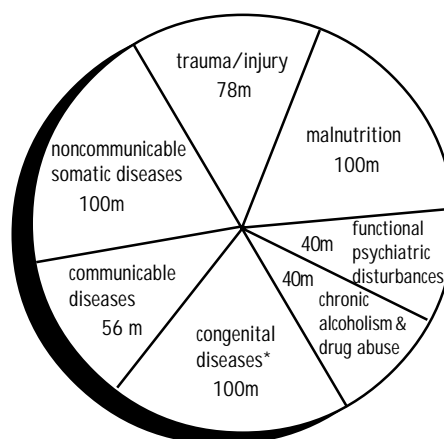
“Data from many countries and regions verify that *at least one-tenth of all children* are born with, or acquire, impairments – physical, mental or sensory – that will interfere with their capacities for normal development unless some special assistance and attention is provided. This is a minimum estimate. The numbers can be much greater, ranging up to 15% or 20% of all children, depending on the conditions included, the definitions of disability used, the age of the child population studied, and other factors.”¹⁸

This global picture can be presented graphically as follows:

4.1 WORLD INCIDENCE OF DISABILITY: THE GLOBAL PICTURE

THE GLOBAL PICTURE¹⁹

WORLD INCIDENCE OF DISABILITY
(in millions)



Total = 514m

* eg: back disorders, heart conditions, epilepsy, arthritis, etc.

It should be noted that since the data are very incomplete, the estimates should be considered as very approximate.

Two further elements will help give an idea of the figures involved:

“Using the conservative estimate that one child in every ten is disabled and on the basis of population figures from 1975...

- Of 1.4 billion children under the age of 15 years, 140 million were disabled. Approximately 80%, or 120 million, of these children live in the developing world...

- On the basis of current population projections, there will be at least 190 million disabled children in the world by the year 2000, at least 150 million in developing countries.”²⁰

In addition, research has found that the presence of a child with an impairment or disability may produce the following *consequences on the family*: “...the use of the time and energy of the family members, strained relationships between parents, complications and distortions in the development of the siblings, and mental health implications...”²¹. A United Nations Expert Group Meeting on socio-economic aspects of rehabilitation concluded that “when these effects are taken into account, and on the basis of the average family size, the proportion of the population affected by disability could be at least 25 per cent”²².

The statistics above were recorded on the occasion of the International Year of Disabled Persons. In the past 20 years, both the definition of what a “disabled person” is and the way statistics on the subject are compiled have undergone important changes. To avoid entering into overly sophisticated medical terminology – which will detract from the clarity of this paper – it is important to mention two aspects:

First of all, the trend in recent years is to record diseases or medical conditions in a separate way. Three cases in point:

1. For visual disability (including cataract-related, glaucoma-related, etc.), the overall figure is 179 million in the world²³.
2. For hearing loss (41 or more decibels), the estimates of 1997 give a figure of 123 million people world-wide²⁴.
3. For chronic rheumatic diseases, the figures for 1995 were: 40 million people in the USA alone, and the projection for 2020 is 60 million persons²⁵.

This explains the lack of recent global statistics.

There is, however, a second factor which also plays a role. More and more, both from the medical and social points of view, ageing is considered as a “...normal dynamic process...not as a disease” and therefore “...disabling conditions which become more common with increasing age...” (such as circulatory diseases or degenerative disorders) are considered and treated in a specific way and therefore recorded in a separate way²⁶.

4.2 CONCEPTUAL FRAMEWORK: IMPAIRMENT, DISABILITY, HANDICAP

To keep pace with international terminology, it is important to distinguish between impairment, disability and handicap. The following definitions were published by the World Health Organization in 1980²⁷ and are now widely accepted.

“In the context of health experience... *impairment* is any loss or abnormality of psychological, physiological or anatomical structure or function.”²⁸ In other words, an impairment is the loss of an ability or function because part of the body is defective or missing. An eye that does not see, a leg that is missing, a brain that has a defective memory: these are all forms of impairment²⁹.

“In the context of health experience...a *disability* is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.”³⁰ In other words, it is a lack of ability to perform a function that most other people can perform. Disabilities may be difficulties in seeing, walking, hearing, thinking, speaking and other ordinary human abilities³¹.

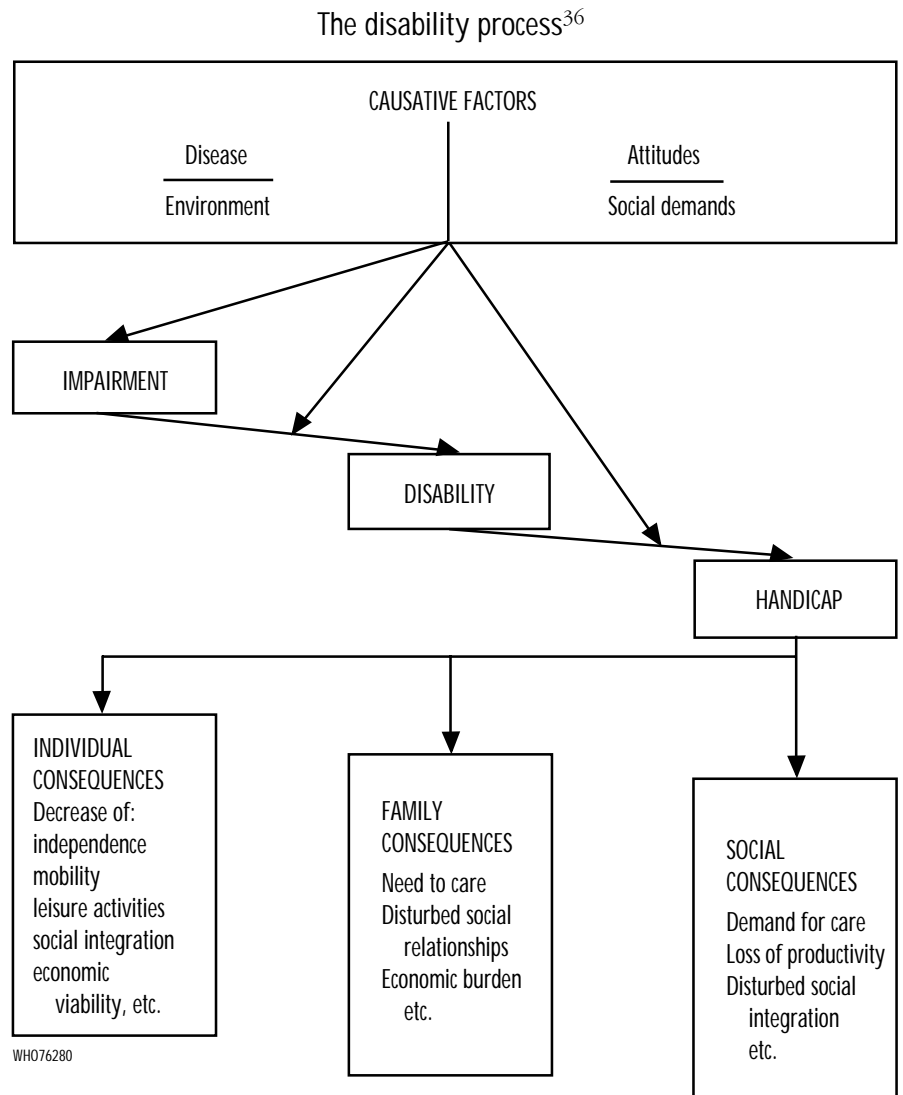
“In the context of health experience... a *handicap* is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.”³² In other words, a handicap is the limitation of a disabled person’s ability to lead a regular and normal life. It is important to note that “A disability becomes a handicap when society’s attitudes and physical obstacles make it difficult to do what is expected in life. People in a wheelchair become handicapped when stairs block them from entering buildings. A blind girl becomes handicapped in reading when she is not taught to read Braille”³³. As a result of this distinction between disability and handicap, as the WHO Report points out, “a person may be handicapped in one group and not in another – time, place, status and role are all contributing”³⁴.

“The sequence can be presented graphically as follows:

impairment → disability → handicap

There is no simple linear progression though. “One can be impaired without being disabled, and disabled without being handicapped.” The external environment, such as an absence of physical barriers or family support, can mediate an impairment and not result in a handicap.”³⁵

The above presentation can be illustrated with a graphic from the World Health Organization summarising the disability process:



4.3 CONCEPTUAL FRAMEWORK: PREVENTION, REHABILITATION AND INTEGRATION

Prevention. Many impairments are preventable. They are not decreed by fate, but are the result of living conditions that can and should be modified. In most cases, the prevention of impairments does not require expensive medical skills and facilities with complex equipment. If we look at the list of causative factors, it is easy to understand that it is up to everyone to make the effort to prevent diseases and accidents, be they in the home, at school, at the working place or on the roads.

In this respect, it is important to underline the concept of *primary health care*, which is fundamental for preventing impairments. Primary health care aims to educate, support and encourage people to take responsibility

for their health. When people assume responsibility for their own health, they become more independent and self-reliant, better able to live richer and fuller lives and to participate meaningfully in the lives of their communities. (See section 4.5 below)

Rehabilitation is the combined and co-ordinated use of medical, social, educational and vocational measures for training or retraining the individual to the highest possible level of functional ability. "Rehabilitation is a comprehensive process. It is based upon the realisation that the handicapped person must achieve emotional and social adjustment to his or her particular circumstances and environment, and that all of the needs of the individual must be seen in the context of his or her relationship to the community."³⁷

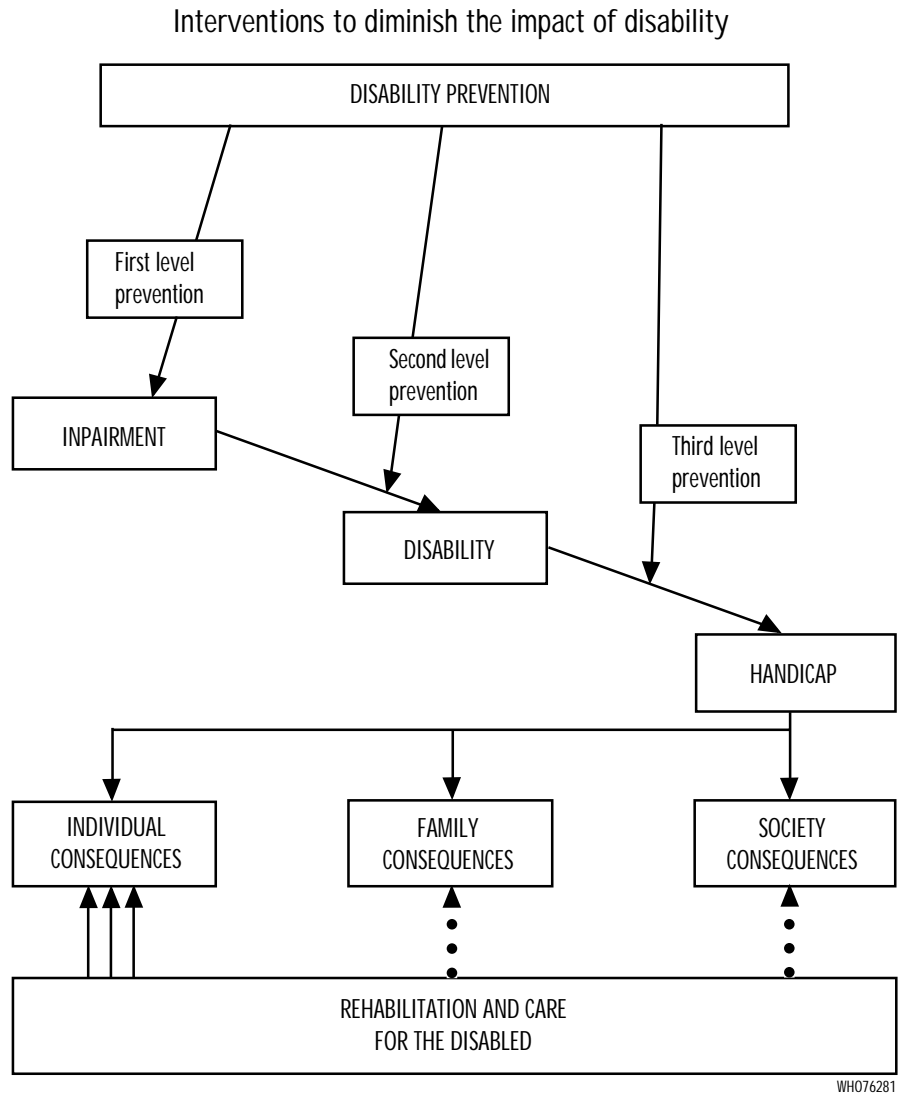
Rehabilitation implies a number of measures to be taken to minimise disability. It does not always have to be administered by highly qualified personnel in institutions with sophisticated technology. The majority can be reached by trained volunteers using low-cost technology. However, it is a sad fact that the majority of the world's population still do not have access to rehabilitation. It has been estimated that 90% of the resources used for rehabilitation are spent on assisting only 20% of those in need. That means that 80% of those who urgently need rehabilitation receive little or no assistance. They live in deprived areas of industrialised and developing countries and their number is increasing.

Integration is the third stage in the process of combating the impairment-disability-handicap sequence. It is achieved "when the degree of participation in the mainstream of community life that a disabled person seeks is attained"³⁸.

In order to achieve the full integration of a disabled person in community life, a number of measures have to be taken. The person may need rehabilitative aids, equipment (a wheelchair or an artificial limb, etc), the removal of architectural barriers so that they can have access to schools, libraries, museums, shops or restaurants, the availability of publications in Braille for the blind or sub-titles on television for the deaf, and so on. This is what is known as *physical or functional integration*.

However, *social integration* is the most difficult aspect to achieve. It requires an increasing awareness and a change of attitude on the part of the community as a whole. In many places, the integration of disabled people in social life is denied by the limitations of poverty, ignorance and fear. Widespread misconceptions about the origin and nature of certain disabilities are still prevalent in many societies. A conscious effort of education is therefore needed. We shall come back to this point in section 6.6 when we examine the role that Scouting can play in this field.

The different interventions to diminish the impact of disability can be summarised in the following graphic presentation³⁹:



4.4 HEALTH AND DISABILITY: A GLOBAL APPROACH

The International Year for Disabled Persons in 1981 was a catalyst for crystallising the evolution that has taken place over the last decades. This evolution puts the emphasis on the following trends:

- A growing awareness of the causative elements in the process of impairment leading to disability and disability leading to handicap.
- An increasing awareness of the social, political and economic factors that have a bearing on that process.
- An increasing awareness of the social consequences of handicap.
- And, as a result of the three above-mentioned trends, a less “medical-only” approach to treatment, with the emphasis placed on community prevention and treatment.⁴⁰

As could have been expected, those changes have been linked in a causal relationship with the increasing awareness of the rights of handicapped people to live – to the maximum extent possible – fully human and independent lives and their right to participate meaningfully in the lives of their communities. Therefore, the change has been from segregation to integration, from dependency to autonomy and self-realisation as independent human beings. The paternalistic and “assistive” approach has progressively given way to a participative and supportive approach which is widely recognised today not only as the most effective course of action but also as the most compatible with the basic human rights of disabled people themselves.

4.5 THE PARTICIPATIVE AND SUPPORTIVE APPROACH: GENERAL PHILOSOPHY

- 1) Self-reliance and autonomy. “One of the most common features of the relationship between parents and their retarded child is overprotection. Study after study has shown that parents of such children tend to overprotect the child, doing for him what the child could easily be taught to do for himself. This may occur because the mother finds it easier to feed, bathe or dress the child than to teach the child to do these things independently. In other cases, however, the reason for the overprotection may be psychological, involving the parents’ fear that anything that might happen to the child would be the last straw on their own burden of guilt.”⁴¹
- 2) Essential role of the family. “The family is the most important instrument for the preservation of the normal child development process, and its capabilities to deal with the problems of impairment must be strengthened and supported.”⁴²
- 3) Community participation and integration. This is a rule which applies to school as well as to other forms of community participation and integration: *put the child (or the person) in a situation as near as possible to the “normal” situation*. Prof. Edgerton says about special classes: “...after each retarded child has been assessed, he should be placed in a program that is as close to regular classroom education as his personal needs and abilities permit. These programs should be designed so that retarded children can be integrated into regular education in a way that is beneficial for retarded and non-retarded children alike. Furthermore, the needs and abilities of retarded children should be reassessed frequently to assure that every child is receiving the best possible education in terms of his or her changing needs and characteristics”⁴³. And Dr P. E. Mandl confirms: “ The vast majority of locomotor and sensory impairments would today be less handicapping for the adult if, instead of concentrating on the child’s impairment, the family’s and the community’s efforts were directed in such a way as to ensure to the extent possible the same development process as that of normal children”⁴⁴.

- 4) Efforts of prevention and rehabilitation should be included in the Primary Health Care policy. This policy was adopted by the World Health Organization (WHO) and UNICEF at the Alma-Ata Conference in 1978. It recognises that, in terms of policy definition and implementation, it is ... important to keep the integrated approach, which is at the same time “less expensive, more equitable, and more effective than institution-based approaches”⁴⁵. “Many needed forms of ...prevention and rehabilitation...can be rendered through the appropriate application of resources already available to many of the families and communities in developing countries. A modest enrichment of training programmes for basic health, welfare, education, and vocational services can expand their coverage to include children with disabilities”⁴⁶. One case in point concerning this issue is the prevention and treatment of xerophthalmia, better known as nutritional blindness, due to a lack of vitamin A. Once the problem is identified in a country and an appropriate strategy designed, it can be integrated into the health and nutrition system with a high degree of cost-effectiveness, as it is not necessary to establish any new delivery system to operate the programme.
- 5) Emphasis on prevention rather than on rehabilitation. Given the scarcity of resources, the emphasis should be on prevention rather than on rehabilitation, even though none of these dimensions can be neglected. This policy applies to the general efforts in the field of health and has guided Primary Health Care philosophy and action for many years. It is particularly appropriate for developing countries since “...one should on the long-term basis try to give priority to the approaches that have the best cost/effectiveness ratio”⁴⁷. Some examples: “extend vaccination against poliomyelitis rather than extending rehabilitation services for those already crippled by polio, invest funds in the prevention of blindness rather than extending special education and sheltered workshops for the blind...”⁴⁸.

5. DISABILITY, HANDICAP AND THE SOCIAL ENVIRONMENT

5.1 POVERTY AND DISABILITY

Different research studies carried out in the last decades – both in industrialised and developing countries – have shown that “...the incidence of impairment differs by social class and by country. (Therefore)...it is not a coincidence that the *relative numbers of impairments* and of *multiple impairments increases more than proportionally as one descends the ladder of poverty*. Malnutrition, an unhealthy environment, the absence of clean drinking water, the presence of endemic diseases, the lack of access to basic notions of hygiene, and the lack of means to apply them in daily life are among the factors contributing to many impairments”⁴⁹.

“...a comparison of statistics for Third World and industrialised countries reveal that in 1975 three-fourths of the disabled lived in Third World countries”⁵⁰. And Prof. Mandl ventured the forecast that: “In the year 2000, this gap will increase even further if the present trends continue, that is, if traditional theories of economic development continue to dominate, with their irreversible inequality in the distribution of income. Four-fifths of the disabled will then belong to the developing countries”⁵¹.

It is sad to assess that, in spite of the undeniable progress made in the past 20 years in many fields concerning health, the situation prevailing today, at the dawn of the third millennium, is far from satisfactory. The World Health Organization devoted its annual report of 1995 to discussing the disparities between industrialised and developing countries. Its conclusion: “Poverty is ... the main cause of low life expectancy, handicap, disability and starvation, and it is a major factor in mental illness, stress, suicide, family disintegration and substance abuse”⁵².

The World Health Report of 1998 confirms that trend. In the Message from the Director General, together with many positive and encouraging signs, he writes: “Tragically...while average life expectancy has been increasing throughout the 20th century, 3 out of 4 people in the least developed countries today are dying before the age of 50 – the global life expectancy figure of half a century ago”⁵³.

The same confirmation can be found in the UNICEF Report “The Progress of Nations 1999” concerning the difference between a child born in an industrialised country and a child born in Africa, where “...half the children...(are) already suffering from illnesses caused by unsafe drinking water, poor sanitation and a degraded environment, it is almost certain that constant bouts of preventable diseases will sap the child’s overall health...(and) his physical and mental development is likely to be stunted by malnutrition...”⁵⁴

5.2 WAR AND DISABILITY

It has been estimated that approximately 145 armed conflicts have occurred between the end of the Second World War and 1990, the year that is roughly considered to be the end of the “Cold War”⁵⁵. At the present time, according to UNICEF figures, “Over 40 armed conflicts currently claim children’s lives, most of them in developing countries. In the past decade, more than 1.5 million children have been killed, more than 4 million handicapped, 12 million have been left homeless, more than 1 million orphaned and an estimated 10 million have suffered psychological trauma”⁵⁶.

The relationship between war and disability for the civilian population, and most especially for women and children, is complex and far-reaching. A report prepared in 1990 by UNICEF and Rehabilitation International entitled “Relief and rehabilitation of traumatised children in war situations” indicates that “...approximately 500,000 children were wounded or physically disabled every year”⁵⁷. But there are other consequences which are equally important: 1) War and civil unrest often destroy the existing infrastructures, including essential welfare, health and rehabilitation services, which especially affect the disabled population. As a result, there is a steep decline in the standard of those services. 2) In addition, particularly after conflicts, widespread food-production shortages, hunger and malnutrition are common in developing countries, with a particularly heavy impact on the less-privileged, including the disabled. 3) To this should be added the psychosocial trauma provoked by those conflicts. “Such stress-induced emotional shock especially affected children, who were denied the security needed for their natural development...affecting around 10 million children every year...”, according to UNICEF sources. It (has been) confirmed that “...armed conflicts caused feelings of sadness and anxiety and that the children affected demonstrated behavioural disorders of various levels of intensity. This was especially true for child combatants aged under 15, who were sometimes forcibly abducted to serve in the armed forces, and for displaced and refugee children, who suffered the additional trauma of being uprooted from their homes for resettlement”⁵⁸. 4) It has also been demonstrated that the number of unaccompanied children and orphans increases as a consequence of war and civil unrest. 5) Finally, if situations of war are stressful for everybody involved, they are particularly harmful for mentally disabled persons, who are in special need of tranquillity, affection and environmental stability⁵⁹.

The Declaration adopted by the Heads of State and Heads of Government at the end of the “World Summit for Children” held in New York in 1990 acknowledged this terrible situation by saying: “No. 4. Each day, countless children around the world are exposed to dangers that hamper their growth and development. They suffer immensely as casualties of war and violence; as victims of racial discrimination, apartheid, aggression, foreign occupation and annexation; as refugees and displaced children, forced to abandon their homes and their roots; as disabled; or as victims of neglect, cruelty and exploitation”⁶⁰.

At the same time, a new and extremely harmful pattern has developed over the last decades: the dissemination of landmines. In military language, they are called “anti-personnel” devices, but they mainly affect the civilian population. This aspect will be dealt with in section 6.3, at the same time as the efforts the Scout Movement is making to take an active part in the campaign for a total ban on such weapons.

5.3 THE DISABLING WORLD: INFLUENCE OF OTHER PEOPLE’S ATTITUDES AND BEHAVIOUR ON DISABILITY PREVENTION AND REHABILITATION

As we have seen before, the attitudes and behaviour of society in general towards persons with an impairment can be of primary importance in the process leading to permanent disability or, in contrast, to rehabilitation measures.

Perhaps the best example is that of deafness and hearing impairment, as illustrated by Susan R. Hammerman, a specialist from Rehabilitation International. She states: “For generations, the myth of mutism has been united with concepts of deafness; in some languages the word to describe a deaf person carries the double meaning of speechlessness, and in some instances stupidity as well. It is not difficult to understand the aura of hopelessness which surrounds deafness in such circumstances and the fact that family members assume their deaf child incapable of speech”⁶¹.

What are *the facts*, as proved by medical science? 1) “Mutism, the inability to utter sound, is a very rare condition indeed, just as is the total inability to hear any sound. Most deaf people have some degree of residual hearing, particularly in the lower sound frequencies, which with training they can learn to use in understanding the sounds of the world around them, as well as in understanding and producing speech”⁶². 2) “The critical period for auditory stimuli is generally considered to be until 8 months of age, and the sensitive period extends until 18 months of age”⁶³. 3) “Language learning peaks for a child at 3 to 4 years of age (and) considerable research documents the relationship of language development to cognition”⁶⁴. 4) Therefore, “..the earlier the hearing-impaired child is identified and the earlier remedial measures are instituted, the greater is the likelihood of successful learning”⁶⁵. 5) As a consequence of the early detection, “...hearing aids and auditory training can be of benefit to almost all deaf and hearing-impaired people”⁶⁶.

However, the tragic reality is that the majority of hearing-impaired children live in developing countries (rough estimates gave in 1981 a figure of 6 million children) and lack access to any type of rehabilitative

* In 1998, the World Health Organization gave an estimate of 123 million people with hearing loss (41 or more decibels) experiencing “severe activity limitation”⁶⁸. This figure indicates that the estimation made in 1981, for children alone, most probably fell far short of reality.

assistance. This dramatic picture has been illustrated by research carried out by Rehabilitation International: "Their families receive no information about their conditions whatsoever; there is no place for them to turn for advice as to what they might do to improve the situation of their children. The result is that the parents have no expectations that anything can be done to improve the life of their child, seeking only a cure for his or her condition; the child, after years deprived of sound and other forms of social and educational stimulation, may be less emotionally mature than his or her brothers and sisters, less able to cope with new and strange situations, perhaps being grouped with other children considered to be slow or retarded, and worst of all, brought for attention too late -at a time in life well past the critical learning periods for language, speech and sound discrimination"⁶⁷.

This is perhaps one of the most clear examples of how an initial impairment can be transformed into a permanent disability and handicap through lack of knowledge, incorrect assumptions, lack of early detection and stimulation, and the absence of appropriate and timely rehabilitation measures.

6. SCOUTING WITH THE DISABLED

6.1 HISTORICAL EVOLUTION (1922-1968)

“In the early part of this century, handicapped people were isolated and protected from the cruelty of society, for their own survival, or simply to exclude them and deny them their right to a full life. In the light of this, Scouting...decided to take some of its programmes to hospitals and other institutions. To a large extent, Scout associations saw handicapped people as a problem, as people who needed a special programme”⁶⁹.

“For many years, Extension Scouting was the term applied to this service. It was Scouting for the handicapped, rather than Scouting with handicapped people. This type of Scouting was more a service activity than a joint activity shared by handicapped and non-handicapped persons”⁷⁰. At that time, Extension Scouting was largely “...ordinary Scouting for young people in hospitals, orphanages and rehabilitation centres”⁷¹.

This section covers the period between 1922, the date of the first World Scout Conference (then called the International Scout Conference), and 1968, when the World Scout Bureau moved from Ottawa to Geneva. During that period, all historical evidence shows that Scout associations considered it their duty to recruit as many Scouts as possible, in every walk of life, including children and young people with handicaps, either confined in specialised institutions and therefore belonging to special troops or packs, or as part of regular units.

A few highlights during this period include:

- Since its publication in 1921 (under the title of “Jamboree”), “World Scouting”, the newsletter of the World Scout Bureau, has carried from time to time stories about Scouts with disabilities. In its issue of July 1924, “Jamboree” reproduces an article published by the “New York Times” praising the achievements of troop 116, established at the “State Institute for the Blind”, in Overbook, Pennsylvania, and composed of blind Scouts under the leadership of a Scoutmaster himself partially sighted. The troop belonged to the Boy Scouts of America. In the words of the newspaper, the boys performed their activities “as any other boy Scout”, and these included camping and hiking, outdoor games, swimming and athletics. The “New York Times” stressed that these blind Scouts were extremely self-reliant: “The boys pay for their uniforms and earn pocket-money by caning chairs, making baskets, shovelling snow, cutting lengths of firewood for the residents of Overbook and delivering packages”⁷².
- In 1925, the Boy Scouts of America decided to create an “Achievement Badge” for boys limited by physical handicaps. The first five boys who managed to pass the tests corresponding to second and first-class tenderfoot were awarded their badge by the BSA Executive Board⁷³.
- Circa 1949, the “Boy Scouts International Bureau” (BSIB) published the booklet “Scouting with the handicapped boy”, reprinted with adaptations in 1958, which later became “These our brothers: a

guide to Scouting with the handicapped”, published by the Boy Scouts World Bureau (BSWB) in the early 1960s.

The two above-mentioned publications were translated into Spanish and compiled together with a number of adaptations in the handbook “También son Scouts: Manual de Escultismo de Extensión” published by the Inter-American Scout Committee with the co-operation of the “International Society for the Welfare of the crippled”. The first two (mimeographed) versions were published in Havana, Cuba, in 1954 and 1957, and the third printed edition was published in 1958 in Mexico.

- In 1956, the Scout Association of the UK published the first edition of the booklet “Games for the Handicapped” compiled by Ursula Richardson, then Headquarters Commissioner for Handicapped Scouts. The book contained 124 games, the fruit of suggestions made over many years by leaders of troops and Cub Scout packs all over the UK⁷⁴.
- Other highlights during this period include the publication of the booklet “Alternative activities for Cubs with a physical or intellectual handicap”, published by the “Scout Association of New Zealand” circa 1965; the first edition of the booklet “Scouting for the mentally handicapped”, by Boy Scouts of America in 1967; and an experimental camp run by the “Eclaireurs et Eclaireuses de France” in summer 1966 in order to test the possibilities of running holiday camps for young mentally handicapped people, mongol or otherwise, boys and girls, between 13 and 17 years of age⁷⁵.

6.2 HIGHLIGHTS OF DEVELOPMENTS 1968-1993

The reason for selecting this period is two-fold. First of all, changes in Scouting itself, and secondly, changes in the social environment.

Changes in Scouting. Three important decisions were taken by the World Scout Conference and the World Scout Committee at their meetings in Seattle in August 1967: to accept the “Report on World Scouting” prepared by Dr Laszlo Nagy as an independent researcher, and to make it the basis for the reorganisation of the Movement; to move the world headquarters from Ottawa to Geneva; and to strengthen the staff of the World Scout Bureau. As a result of those changes, the nature of the activities undertaken and the volume and substance of the documentation available since the Bureau was established in Geneva is significantly different from the previous situation.

Societal changes. “Society’s general attitude towards the physically and the mentally handicapped has changed significantly, especially over the last 20 years, and this has influenced the very concept of Extension Scouting”⁷⁶. Different societies have gradually realised that disabled people do not necessarily have to spend their lives in institutions and that it is important both for them and for society at large to recognise their abilities and to integrate them into society by allowing them to participate in the lives of their communities.

This progressive change in attitude has come about as a result of the converging effect of several factors, notably:

- Technological and scientific progress, which has liberated the physically and mentally disabled to a certain extent.
- The increasing number of disabled people. As already seen, the most optimistic statistics indicate that some 10% of the world's population is disabled (and) the more the methods of analysing disabilities are improved, the greater the number of disabled persons becomes⁷⁷.
- The raising of national awareness was conducive to a higher profile of this question on the international scene. Consequently, 1981 was declared the "International Year of the Disabled", which in turn considerably raised international awareness of this issue.

The 25 years under review since the establishment of the World Scout Bureau in Geneva can be roughly divided into three periods.

6.2.1 Period 1968 to end 1982

Here are a few highlights for this period:

1971: The 23rd World Scout Conference in Tokyo marked the beginning of increased awareness of the central role that the Scout Programme should play, as *the* educational tool for conveying the Scout ideals and method, as well as of the intrinsic *unity* of programme, which should be conceived as an integrated whole and not as a collection of miscellaneous activities. In 1971, the World Programme Committee was created, having as two ancillary organs the World Extension Scouting Task Force and the Conservation Task Force.

1976: Publication of updated versions of the booklet "These our brothers" in English, French and Spanish, the latter thanks to sponsorship provided by Kiwanis International.

1976-1977: The World Scout Bureau was actively involved in the consultation held by the World Health Organization with NGOs, which led to the formulation of the policy of "Primary Health Care", adopted at the Conference in Alma-Ata in 1978.

Throughout the period: The lack of professional support was a major obstacle to the development of ambitious activities in this field. The role of the World Scout Bureau was mainly to give assistance to National Scout Associations, through the dissemination of information, exchange of publications and answering of requests, as well as maintaining liaison with specialised institutions (governmental and non-governmental) working in this field. However, the lack of funds precluded a more active role.

1981-1982: Partly for internal reasons – a generous grant provided by the Woodland Foundation – and partly because of the stimulation provided by the International Year of Disabled Persons and the tremendous amount of work that the Year entailed, the World Scout Bureau started looking actively for an executive to be in charge of Extension Scouting. In November 1982, Beatriz Lienhard-Fernandez was appointed as part-time executive to fill this position.

6.2.2 Period end 1982 to 1986

This period is characterised by an important development in activities at World Scout Bureau level, both quantitatively and qualitatively, thanks to the availability of funds from different sources, and notably from important financial support received from the Jacobs Foundation and Jacobs Suchard AG⁷⁸.

- **Seminars.** Five important regional awareness and information seminars were organised, namely:
 - Asia-Pacific Region: Thailand, with 52 participants from seven countries.
 - Inter-American Region: Guatemala, with 45 participants from five Central American countries and Chile; 40 participants from six South American countries.
 - Arab Region: Algeria, with 25 participants from five countries.
 - Europe: France, with 36 participants from 17 countries.
- **Bulletin "Together".** The first issue of this bulletin was published in July 1983 and six issues were produced until February 1986. The bulletin was intended for people responsible for the Scout programme at national level in their respective associations and, more particularly, for those in charge of Extension Scout programmes.

The six issues were organised in a pedagogical sequence, as follows: introduction of the theoretical framework and principal disabilities in the world; process leading to handicap and measures of prevention and rehabilitation; definition of integration and awareness of social and physical barriers which are the main causes of the segregation of disabled persons; adaptation of Scout programmes to suit the needs of blind and visually-impaired young people, as well as the deaf and hearing-impaired young people.

The bulletin was originally published in English and French, but the interest it aroused prompted translations into Spanish and Arabic.

One of the important results of the above-mentioned seminars and publications has been the use of common terminology in Scouting and

the adoption of a clear theoretical framework, which not only facilitates communication between Scout associations but also keeps pace with widely accepted international terminology.

In addition, direct support to National Scout Associations and co-operation with international governmental and non-governmental organisations was intensified during that period, as was the research of documentation and didactic material on the issues of disability and handicap.

6.2.3 Period 1987 to 1999

In order to understand what follows and to put it in an appropriate historical perspective, it is important to note that at the 29th World Scout Conference, held in Dearborn, Michigan, USA in July 1983, James P. Grant, Executive Director of UNICEF, who was the main speaker, described the “silent emergency” that was claiming the lives of 40,000 children everyday in developing countries, and launched a powerful challenge to Scouting and Guiding in order to enlist their support for the “health revolution”. The result of this challenge, which met with an outstanding ovation from the floor, as well as of the consultations that followed, was a joint WAGGGS-WOSM-UNICEF three-year “Child Health Programme: Help children grow” to support the “Child Survival and Development Revolution” based on four main points: oral rehydration therapy, immunisation, growth monitoring and breast-feeding. Robert Thomson, who was appointed executive for this three-year period on behalf of the three organisations, became Assistant Director of Programme at the World Scout Bureau in 1986.

The above-mentioned programme was a concrete application of the Primary Health Care policy and prepared the ground for an integrated approach covering health and handicap as part of the same field. The “health” implications will be dealt with in a separate reference document. This paper, meanwhile, concentrates on the two main features of this period as far as the disabled are concerned.

- Publication of the “WE CAN” kit

This resource kit was published in March 1989 by the Programme Service of the World Scout Bureau and was intended for leaders responsible for the Scout Programme in general and for Extension Scouting in particular. Its main aim was to enable leaders of National Scout Associations to provide better Scouting to more young people, regardless of disability or handicap.

As the title indicates, the kit adopts a positive attitude and places emphasis on awareness, responsibility and willingness to act in order to overcome the many barriers that still exist in society and, to a certain extent, also in Scout associations. Its key messages can be summarised as follows:

“WE CAN make Scouting available to all young people, whatever their abilities.

WE CAN adapt our programmes to meet the needs of disabled young people.

WE CAN play a role in the prevention - rehabilitation process.

WE CAN encourage and support our Scout leaders to integrate disabled young people.

WE CAN find the necessary support for successful Scouting with the handicapped.

WE CAN ensure that those involved in Scouting with the handicapped acquire the special skills that they need”⁷⁹.

The resource kit has six different sections. The first three give a summary of Scouting with the disabled, and present a world-wide picture of disabilities, as well as a background of the history and ideology of Scouting with the handicapped, stressing the importance of integrating it within the general framework of the Scout programmes for the different age sections. The fourth and fifth sections concentrate on people working with the handicapped: their attitudes and the types of support available to them, such as adult leader development, public relations, communication, finances and resources. The final section pinpoints the skills needed to help the handicapped, such as programme development, training needs, confidence building exercises and handicap awareness trails⁸⁰.

- Publication of AWARE information sheet

“AWARE” is an information bulletin and, at the same time, a pedagogical tool published by the Programme Service of the World Scout Bureau. Sixteen issues were produced between September 1988 and June 1992 covering a very wide range of subjects on health and handicap, which is the focus of the publication. Two aspects are worth mentioning: the wide variety and the relevance of the issues selected for treatment, and the lively presentation, which helps identify immediately the key messages and gives the interested reader the possibility of exploring any of them in greater depth. Both aspects together make the publication a useful tool not only for immediate reading but also for future reference.

Issue No. 1 states that: “AWARE is meant to be a forum for dialogue between national Scout organisations and the World Scout Bureau...”. Faithful to its promise, many issues are devoted to highlighting – thereby appealing to a wider readership – the work of National Scout Associations using innovative approaches in different fields, such as: the pioneering experience of “Eclaireurs et Eclaireuses de France” (EEDF) in working towards the integration of mentally handicapped young people, the

work of the Styria Province of the Scout and Guide Association of Austria in accident prevention, a “Special Needs Workshop” organised by a District Commissioner of the Boy Scouts of Canada.

In addition, “AWARE” is also a useful tool in drawing the attention of the Scout public to initiatives and programmes of others NGOs, thereby promoting contacts and mutual enrichment. A few examples are: issue No. 10, which presents the “YMCA (Young Men’s Christian Association) 10-Point Action for Disabled Persons” and No. 11, which introduces the “Child-to-Child” association and approach, intended to create a world-wide network in health education. This methodology, very different from classroom health and hygiene approach, is ideally suited for a Scout environment, since it relates health directly to the real needs and possibilities of the child⁸¹.

In the past few years, since 1991, the most important educational development has been the integration of the work with disabled young people into the World Scout Jamborees held in Korea (1991), the Netherlands (1995) and Chile (1999). Because of their importance and specific character, they deserve to be dealt with in a separate section below.

6.3 WORLD SCOUT JAMBOREES AND GLOBAL DEVELOPMENT VILLAGES

For historical as well as for educational reasons, the World Scout Jamborees deserve special attention: traditionally, they have been an important occasion in the Movement to share experiences through educational games and activities, to generate new ideas and to give new impetus to old ideas, sharing means, techniques and skills with young people from all over the world.

In this respect, the introduction of the “Global Development Village” (GDV) has been an important innovation in the history of World Scout Jamborees. The GDV has been a true springboard, in which thousands of people have taken part and whose activities have been disseminated throughout the world, first through the example and enthusiasm of those present, and secondly through publications of very different types.

- The first Global Development Village was held during the 17th World Scout Jamboree in Korea in August 1991. This innovative feature was devised to help Scouts become more aware of health, development and environmental problems in the world and to encourage them to play a greater role in making the world a better place⁸². As part of it, many awareness activities were held, including “exhibition and activities relating to handicap” introduced by Belgium⁸³. Notable among them was a team game designed to help participants understand what it is like to be visually impaired. With their eyes covered, opposing teams played with a ball containing a bell and had to try and score goals⁸⁴.

- Building on the experience and enthusiasm generated by the Global Development Village in Korea, the 18th World Scout Jamboree, held in the Netherlands in August 1995, included a more ambitious set of activities, divided into five areas: educational programme, environmental programme, health programme, travel around the world and human rights.

The activities concerning disability and handicap were organised in several workshops within the health programme, under the general heading of “Scouting for everyone”. Notable among them were: “Adapt your games and rooms for the disabled”, “Riding a wheelchair track”, “Adapting a building or sports field”, “Making a construction drawing: adapted club building” and “Sensitisation to handicap”. Two points, common to most activities, are worth mentioning: the importance of catering for different types of handicaps: wheelchair basketball, blindfolded obstacle course, signal game for deaf participants and a game for spastic participants, all forming part of the same workshop; and the concern of the organisers to allow participants to disseminate the content of the workshops in a back-home situation: every workshop had a small booklet in English and French describing the objectives of the activities, the content, and an explanation of some of the games played⁸⁵.

- The 19th World Scout Jamboree was held in Chile from 26 December 1998 to 6 January 1999. It was a historical Jamboree for many reasons, most particularly because it took place in Latin America for the first time in the history of the Scout Movement. From the point of view of Scouting with the disabled, it was also a milestone.

In section 5.2, we mentioned a new and extremely negative pattern that has developed over the last decades: the dissemination of landmines. In this section, we will deal with the efforts the Scout Movement is making to take an active part in the campaign for a total ban on such harmful weapons.

Taking into account that most of the victims of such mines are civilians, and that many of them are young people of Scout age, Scouting could not remain indifferent to this tragedy. In 1997, a group of leaders from the Geneva Scout Association decided that they could take action to make more young people aware of the problem. They developed a simulation game which used one of the fundamental aspects of the Scout method: learning by doing.

After several tests, the game was fully developed. Thanks to their geographical proximity to the World Scout Bureau and the links of friendship established, they shared the idea with members of the World Scout Bureau, and what started as a local project became world-wide. Indeed, at the World Scout Jamboree, the game was one of the more significant features of the Global Development Village. The stand, managed jointly by Handicap International and the Geneva Scouts, was very strategically located and attracted the

attention of thousands of participants. After a brief introduction, Scouts went through the different steps of the game, trying to step lightly through a “minefield” to avoid setting off electronic explosions⁸⁶.

Also during the Jamboree, on 3 January 1999, an Agreement of Co-operation was signed between the World Organization of the Scout Movement and Handicap International. The signature was followed by a press conference. One of the key aspects of this agreement was the production and distribution of an educational kit entitled “Together, we can make a mine-free earth”. It includes: a booklet which describes the awareness game, with all the necessary information for running the game with a group of young people; a video cassette, two posters giving information on anti-personnel landmines, and concrete ideas for sensitising and taking action with young people. The kit was distributed to each Jamboree contingent and, immediately after the Jamboree, was circulated to all National Scout Associations⁸⁷.

In this way, Scouting has joined the many forces in the international community united in the “International campaign to ban landmines” . Why is this involvement so important? From the point of view of Scouting, obviously the most important aspect is the educational value and the creation of awareness among young people. But there are other aspects to be taken into account.

The Landmines Convention was signed on 1 December 1997 and entered into force on 1 March 1999. According to the most recent information available, out of the 136 countries which signed the convention, 89 have ratified it and 47 have still to do so. But 12 countries are still opposed to it, and 42 “unknown or undecided”⁸⁸. It is therefore very important that the international community retains a deep interest in the subject, and that the civilian world is mobilised if the overall objective of the total disappearance of landmines is to be reached in the coming years.

6.4 INNOVATIVE APPROACHES BY NATIONAL SCOUT ASSOCIATIONS

It should be noted that, as a result of the converging efforts of the international community and the exposure given to the importance of Scouting with the disabled during the period under review, a number of associations from all over the world have adopted in past years new and innovative approaches for dealing with the subject. They are too numerous to list here, but here are a few examples for reference and inspiration:

- “If I push him, will he break?”: A booklet published by the UK Scout Association, to help leaders understand how to work with disabled young people. The booklet is a selection of the best material published in the UK “SCOUTING” magazine between 1983 and 1986 and is intended to serve a three-fold purpose: “to heighten

awareness of handicapping conditions among the total membership of the Movement, to develop the confidence of leaders in ordinary units ...to enable them to accept youngsters with handicaps, and to recruit more handicapped people into the Movement”⁸⁹.

- The Victorian Branch of the Scout Association of Australia has published five handbooks entitled “Healthy Ideas for Youth Members”, targeting the five age groups: Joey (pre-Cubs), Cub Scouts, Scouts, Venture Scouts and Rovers. The booklets aims to promote healthy lifestyles among young members, encouraging their physical, intellectual, emotional, social and spiritual development. They show the importance of health as a global concept, not separate from the rest of life and, at the same time, stress that health is not just the absence of disease. They propose a range of activities that can be used to learn about health issues, based on group development, values and personal skills.

The booklets include sections dealing with disabled Scouts and awareness raising. For instance, the booklets for the Venture Scout and Rover Scout sections have several exercises on “sensitisation of non-disabled people to the problem of people with disabilities”⁹⁰.

- The Catholic Boy Scouts of Ireland have published a book on “Integrated Scouting” which combines both a theoretical and a practical approach to welcoming and integrating disabled Scouts in “normal” Scout units. The first part of the book (three sections) is devoted to a description of different types of impairment and handicap, and is followed by an explanation of integration and the different processes leading to it. Finally, there is a very useful presentation on how to adapt a Scout unit to integrate disabled young people. A chapter on “fun and games” gives Scout leaders plenty of ideas, and the final section consists of a useful list of resources: organisations, government agencies, publications, films, etc. The book is written in very simple language, making it accessible to everyone and easy to read. It shows very clearly that, far from being a painful duty, the integration process can be exciting and fun!⁹¹
- The “Fédération des Scouts Catholiques” (FSC) , Belgium, has developed a booklet on the integration of young people with disabilities into Scouting. The booklet is entitled “Il suffit de passer le pont” (It is enough to cross the bridge), a title that bears witness to the positive spirit in which it has been written. It is intended to show unit leaders of the different sections that the acceptance of young people with disabilities in their midst is not only possible and desirable but also that it will bring enormous richness to all able-bodied young people in each unit. It is, therefore, an invitation to the adventure of welcoming somebody who appears at first sight to be “different” but is not!⁹²

- The “Movimiento Scout Católico” (Catholic Scout Movement), Spain, has also published a booklet along the same lines, under the title “Integrar: Una Nueva Aventura” (To integrate: a new adventure) which reflects the basic philosophy of the integration of young people both in Scouting and in society. The booklet has sections on the concept of integration, Scouting as a very useful means of integration, and deals with three types of disability: physical, mental and social. It also contains background material for different levels of training and other selected resource material on the subject⁹³.

Many other initiatives in this field are taken year after year by National Scout Associations. Those reported to the World Scout Bureau are recorded in “World Scouting News”, the official newsletter of the World Organization of the Scout Movement.

6.5 SUMMARY OF MAIN TRENDS: POSITIVE IMAGE, SOCIAL INTEGRATION, HEALTH AND HANDICAP

The evolution of Scouting with the disabled over the past 25 years, which has been reviewed in this section, and which goes along the same lines as the general philosophy of the “Year” and the “Decade” of Disabled Persons, can be summarised as follows:

- 1) Projection of a *positive image* of people with disabilities, putting the emphasis on what they can do and not on their handicaps. The portrayal of people with disabilities in written material, photographs and illustrations should encourage a sense of interdependence and solidarity, not dependence and pity.
- 2) *Sensitisation of non-disabled people* to the problem of people with disabilities.
- 3) Linked with point No. 2 above is the importance of giving both disabled and non-disabled children and young people a better understanding of each others’ needs, thereby contributing to the *integration of disabled people with others in society*.
- 4) Conceptual and practical *integration* of disability prevention and rehabilitation *in the field of health*, particularly in the field of Primary Health Care.
- 5) Emphasis on the need to have a *key person* – or better still, a *team* – responsible for Scouting with the disabled and to obtain the support of all the leaders of a National Scout Association, helping those leaders to pass from a receptive attitude to action in favour of integration.

6.6 ROLE OF SCOUTING IN THE DETECTION - PREVENTION - REHABILITATION PROCESS

The efforts towards the early prevention and rehabilitation of disabled people should be part, inasmuch as possible, of the general approach to Primary Health Care. This is valid both for conceptual and for practical reasons, in order to ensure the best use of the resources available.

The field is wide open for Scouting action, both in industrialised and in developing countries. We offer here a few ideas based on the experience of many National Scout Associations and on the work of other NGOs.

- “Reaching the unreached”: Scouting can play a very important role because of its vast network of groups and units at grassroots level, reaching both urban and rural areas, affluent neighbourhoods and under-privileged inner-city areas.
- Early stimulation and early detection of disability: In many countries, as part of the Primary Health Care approach, teams of community women have been recruited to make weekly visits to homes with children. On the basis of early detection, an intervention programme tailor-made to each child is prepared and the “...community aides demonstrate step-by-step to the parents the activities to be undertaken for their child’s development”⁹⁴. This approach has two advantages: first, the principal agents for carrying out the training of each disabled child are the parents themselves and second, it has been found “...that these community aides, who range from barely literate to 7th-grade education, can also be taught the skills necessary for testing and curriculum planning”⁹⁵.

Scouts are well equipped to fulfil this role and, as experience has shown, with appropriate training they can become “health animators” in their respective communities, particularly in remote rural areas where access to medical care is difficult and expensive.

- Primary prevention: Many of these “first-level prevention measures” are the most efficient and cost-effective measures for avoiding impairments and, as experience has shown, Scouts of different age groups, can be involved in all of them. A few examples:
 - vaccination, facilitate access to clean water and hygiene education in order to prevent communicable diseases;
 - education in traffic behaviour in order to prevent road accidents;
 - community education, improvement of housing and home installations, in order to prevent accidents in the home;
 - community (and especially youth) education concerning smoking, alcohol, and drug abuse in order to provoke changes in attitude and behaviour;
 - introduction of new agricultural varieties and changes in farming output in order to improve nutrition in the community, coupled with nutrition education;

- redesign of cooking stoves, use of less dangerous fuel and community education in this field in order to avoid burns and other accidents.

The list is endless. As a general rule, one can say that in all matters belonging to daily family life, Scouts can make a very relevant contribution. The document “The disability process and intervention levels”⁹⁶ has been used as a source for enumerating problems and possible measures.

- Second-level and third-level prevention: “Once an impairment is apparent, intervention can be directed towards the prevention of the development of disabilities...” This is called “second-level prevention”. “Once disabilities are present and irreversible, the transition into handicap may be prevented by therapeutic measures...by training in self-care activities...the provision of technical aids...vocational rehabilitation training...social training aimed at specific groups (such as the blind or the deaf)... and provision of education and suitable jobs for those with functional limitations...” . This is called “third-level prevention”⁹⁷.

To the extent that those two levels involve community-based rehabilitation measures, Scouts can be involved in several ways.

- First of all, by providing technical aids for the disabled, such as simple legs made in the community with local material (wood, rubber, leather, etc), or crutches made locally.
- In second place, in the whole community education field: helping train children in self-care activities, prevention and treatment of river blindness, and so on.
- Thirdly, in the general effort of information and education of the public in order to improve community and family attitudes towards disabled persons and make their integration into normal life as easy as possible, i.e. the elimination of physical barriers, and other measures of this type.
- And, last but not least, direct work with disabled people themselves, which is of utmost importance “...since the patient has often lost his motivation to break a pattern of already established dependency...”⁹⁸. In these situations, Scouting can provide (in the words of Baden-Powell) the necessary incentive “...to gain hope and strength...”. Acting in this way, Scouting can prevent the appearance of psychological disturbances following a somatic condition.
- What *conclusions* can we draw from the above list, which is far from exhaustive? They can be summarised as follows:

In the chain of resources to be drawn upon in the early detection and prevention of an impairment or in preventing the consolidation of a situation of permanent handicap, together with the family and the community, Scouting can play a significant role.

For the *child* or *young person* afflicted with an impairment, Scouting provides strength and love, much needed for these particular circumstances, and in addition, it provides a constant source of motivation for development.

For the *family* and the *community*, Scouting provides a number of resources (as shown above) which can be used to improve the situation. It also motivates the community into action. In doing so, Scouting changes the image outsiders have of the child: not a “handicapped person” or a “person with a handicap” but somebody able to do something, to achieve in a particular field, or in many fields. *Scouting helps focus the attention on ability* (on what the child is able to do) , *not on the impairment or disability*.

7. PROSPECTS FOR THE FUTURE

This dynamism can be seen from different points of view. For the sake of clarity and brevity, they are summarised under three different headings: technological progress, political will and conceptual framework.

7.1 THE DYNAMISM OF THE INTERNATIONAL COMMUNITY

7.1.1 Technological progress

Considerable progress has been made in the field of *technological innovation* in favour of people with disabilities. Just a few examples:

- Screen-readers which provide reading programmes for the blind.
- Programmes which offer an interactive learning process for people interested in the sign language.
- Multiplication of databases which facilitate access to a wide variety of information⁹⁹.
- Possibility of creating artificial muscles for the disabled for implantation into humans¹⁰⁰. One such example is from Scotland: a carbon fibre false arm with unlimited possibilities including a motorised shoulder which allows unrestricted movement to and above head height¹⁰¹.
- There is a vast range of ergonomic furniture and chairs, writing grips, reachers, switches and buttons which are suitable for persons with limited motion, speech recognition software which allows the user to activate computers by voice command...¹⁰²

Progress in recent years has been spectacular, and there is every indication that it is not going to stop! For example, the “REHA International” Fair held every year in Dusseldorf, Germany, which deals with rehabilitation, equipment and care for disabled people, in 1997 received 800 exhibitors from 26 countries¹⁰³.

It must be pointed out, however, that this progress is very unevenly distributed, as it reaches mainly people in industrialised countries and those who have the necessary resources. But “assistive devices do not depend only on money...all around the world, technicians and local inventors...come up with gadgets to make life easier...” for the disabled¹⁰⁴.

7.1.2 Political will: the mobilisation of the international community

As we have seen above, scientific and technological progress is such that, from a technical point of view, almost anything is possible. What is lacking in most cases is the *political will* and the determination to invest the necessary resources for putting the results of technological progress at the service of those who need it the most¹⁰⁵.

In this respect, it is important to underline the role played by the *International Year of Disabled Persons (1981)* and the subsequent *United Nations Decade of Disabled Persons 1983-1992* in creating awareness and a feeling of social responsibility, both at national and international level. In the years that followed, several important steps were taken:

- In 1990, The World Conference on Education for All (Jomtien, Thailand) adopted the “World Declaration on Education for All” and forcefully proclaimed that: “The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system”¹⁰⁶.
- In December 1993, the General Assembly of the United Nations adopted “The Standard Rules on the Equalization of Opportunities for Persons with Disabilities”¹⁰⁷.
- In June 1994, under the auspices of UNESCO and the Government of Spain, a “World Conference on Special Needs Education” was held in Salamanca. More than 300 participants, representing 92 governments and 25 international organisations, examined the problems linked to access and quality in connection with special education¹⁰⁸. The emerging consensus was that: “...children with special educational needs should not be separated from other students” as “...segregation, which has been the traditional response, is often ineffective, prohibitively expensive and tends to marginalia children”¹⁰⁹.

“The trend world-wide is towards an acceptance of the need for more “inclusive” schools – regular schools with teachers trained and curricula adapted to cater for a wide range of pupils.”¹¹⁰

- Also in 1994, the International Labour Organization, UNESCO and the World Health Organization published a document entitled “Community-based rehabilitation: for and with people with disabilities”, in which they examined the problem and adopted a common approach. The document defines community-based rehabilitation as a strategy “...for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities”¹¹¹.
- In 1995, the World Summit for Social Development (Copenhagen, Denmark) provided an ideal platform for dealing with this subject, in the context of one of the Summit’s major objectives: the enhancement of social integration.

The Summit adopted a Declaration and a Programme of Action. The Declaration contains 10 Commitments made by the governments represented. Commitment No. 4 stresses the intention to build societies which are “...stable, safe and just...and based on the participation of all people, including disadvantaged and vulnerable groups and persons”¹¹².

- In 1996, for the first time, the recommendations of the United Nations Statistics Division for the year 2000 census covered the topic of disability. Its importance is evident: for many countries, the census is a more systematic way of knowing the exact extent of disabilities. In support of this recommendation, the UN published, in 1996, a “Manual for the Development of Statistical Information for Disability Programmes and Policies”, prepared in co-operation with the World Health Organization¹¹³.
- Also in 1996, the General Assembly of the United Nations adopted a “World Programme of Action for Youth to the Year 2000 and Beyond”, which provides a policy framework and guidelines for action. In section 8, dealing with the duties of the States, section (i) indicates that: “Every state should take measures to develop the possibilities of education and employment of young people with disabilities”¹¹⁴.
- A United Nations Voluntary Fund on Disability, first created in 1981, then operating throughout the Decade, and later converted into a permanent fund, is available to sponsor selected projects in various fields: awareness raising, institution building, data collection and research, pilot efforts and appropriate technologies for disabled people¹¹⁵.

The above summary shows that the ground has been paved ready for change. Now, the task ahead is to maintain the necessary momentum so that much more action is taken in the direction of integrating the needs of disabled people into development planning, both in industrialised and developing countries, and ensuring that their rights in the fields of health, education, welfare, work, etc. are safeguarded and enhanced.

7.1.3 Progress from the conceptual point of view

As progress is made in the process of reflection and action in the international community, it becomes more and more evident that the question of people with disabilities has to be seen not as a matter of pity or charity towards the less privileged, but from the point of view of the *quality of life* of everyone, from the point of view of *human dignity* and from the complementary angles of both *social and economic development*.

- The human rights approach
Prominent personalities on the international scene have stressed this aspect. In the words of Kofi Annan, Secretary-General of the United Nations: “...the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities set disability firmly within the framework of Human Rights”, while Mary Robinson, UN High Commissioner for Human Rights says that: “...law makers are beginning to accept that disability is first a human rights issue, and only secondly a medical matter”¹¹⁶.

- A society for all

This philosophy of a society without exclusion entails the principle of equality of opportunity. The Universal Declaration of Human Rights –“all human beings are born free and equal in dignity and rights”- cannot be “universal” while millions of disabled people face daily discrimination and exclusion from equality of opportunity”, and such equality simply does not exist “where a disabled child cannot go to school, where a disabled mother has no health care, where a disabled man cannot get training or a job, or where disabled people cannot move freely on the streets”¹¹⁷.

- Human resource development

Human resource development is the third (and complementary) point of view. “Investing in people” is far more than a “slogan”: it is an important pre-condition for both economic prosperity and political stability. Education serves as a capacity-builder for the development of the individual and for the development of society. Can society afford to leave around 10% of its members as a marginalised group, thereby preventing them from making a valuable contribution to society?¹¹⁸

Such progress in the conceptual field opens new avenues for Scouting, as human rights, human dignity, quality of life for everyone, society without exclusion and investing in people are ideals with which the Scout Movement is in profound harmony.

7.2 SCOUTING’S OWN INTERNAL DYNAMISM

Scout leaders are no doubt aware of the process the Movement has followed over the past 11 years, starting with the World Scout Conference in Melbourne in 1988, when an in-depth examination of the Movement led to the adoption of the Strategy for World Scouting, and culminating in the World Conference in Durban with the development of a Mission Statement for Scouting.

This process – which has been carried out with the full involvement of National Scout Organizations – has helped, in no small measure, reinforce the feeling of belonging to “World Scouting”. But from the point of view of this paper, the most important aspect is the content of the Mission Statement.

The introductory paragraph explains that “The mission of Scouting is to contribute to the education of young people...to help build a better world where people are *self-fulfilled* as individuals and play a *constructive role in society*”. And the following statements define the non-formal educational process where “...each individual (is) the principal agent in his or her development as a *self-reliant, supportive, responsible and committed person*”.

The full statement, and particularly the words highlighted above, apply in a very special way to disabled young people, as the Movement offers them a place where they can experience the satisfaction of being self-fulfilled as individuals and, at the same time, being self-reliant, supportive, responsible and committed persons, who are not a burden but a resource to society.

The two recent examples given below have been selected to show the tremendous potential of the Scout spirit in action, even in the most difficult circumstances.

- Scouting with the disabled in Goma

Despite the years of strife in the Great Lakes Region of Africa, Scouting continues. A Scout group formed in 1993 in Goma, in the Democratic Republic of Congo (formerly Zaire), now has 128 members, boys and girls, from 6 to 25 years of age. More than half of them have physical disabilities, in many cases produced by injuries received in the recent civil war.

A new vocational-skills project started in 1998, where older Scouts and some members of the community help disabled Scouts learn professional skills which will be useful in finding a job: cutting and sewing, needlework, preparation of garments, and so on. Those activities should help participants earn some money, contribute to their families and organise Scout activities. Future plans call for the self-financing of the centre¹¹⁹.

- Sunrise City Project in Croatia

Sunrise City is a Scout-led project which works with young traumatised victims of the recent wars in the Balkans. Sunrise City camps are organised annually by the Scout Association of Croatia with the support of the European Scout Office and several international organisations, notably Pro Victimis and the International Committee of the Red Cross.

The main aim of the project is to help children and young people victims of war and suffering post-traumatic conditions to undertake a process of psycho-social rehabilitation, thereby preventing or minimising serious behavioural disturbances in the future¹²⁰.

The success of the camps – which has been evaluated by a team of competent professionals – lies in their very specific characteristics:

- 1) They benefit traumatised children in a group situation that is not stigmatising for the child.
- 2) They facilitate long-term impact by including refugee or displaced children in Scout groups within the local communities that usually do not integrate such children.

- 3) They combine the efforts of qualified therapists with the support provided by motivated volunteers from Croatia and abroad¹²¹.
- 4) Furthermore, the presence of international volunteers at the camps reinforces the message that differences in language, nationality or culture should not be grounds for conflict but should be a source of enrichment in young lives.

The two projects mentioned above – together with the Mission Statement for Scouting adopted at the World Scout Conference in Durban – are proof of the vitality of the Movement, as it enters the twenty-first century. They also provide concrete evidence that – in spite of war and all the follies of mankind – there is a glimmer of hope for the future, as long as a group of dedicated volunteers, inspired by an ideal, decide not to remain inactive but to work for a better future for young people.

Both these projects have been supported by the “Queen Silvia Fund” of the World Scout Foundation. The Fund was created a few years ago in honour of Her Majesty the Queen of Sweden, with the purpose of helping young people with disabilities¹²².

8. CONCLUSIONS

Three relevant questions to conclude:

- What can Scouting offer a young person who is disabled?

The same that it can offer others: opportunities for testing limits, through adventure, working and learning together in small groups, and having opportunities to be helpful, especially by taking part in community activities, thereby enhancing their self-esteem and their role in the eyes of their peers, learning the value of commitment and responsibility and contact with the natural world.

In other words, it can offer the same rich and multi-faceted learning experience that millions of other young people enjoy all over the world.

- What can the presence of disabled young people offer other members of their unit?

The presence of a disabled young person in a Scout unit helps everyone discover that the concept of “normality” is a relative one; it helps us face the diversity of human beings and the originality of each; it also teaches us to be aware of other people¹²³.

- What can this presence offer the Movement as a whole and society in general?

The macrosocial impact of Scouting in this field should not be underestimated. Scouting can play an important role in modifying community attitudes and behaviour towards disabled children, creating new partnerships and enlisting community co-operation in the integration and development of such children.

In addition, the cultural dimension of the project is also important. Scouting’s work with young people who are disabled is an important step towards a culture of “service, gratuity and conviviality”, where the integral development of each human being comes from encountering others. This is in sharp contrast with the pragmatic and utilitarian approach of present culture and the mercantilistic approach to social relationships. In doing so, it contributes to building societies where there is a place for everyone, either rich or poor, big or small, “normal” or “different”.

REFERENCES

- ¹ The Convention on the Rights of the Child. Official text. UNICEF, New York, 1991
- ² World Declaration on the Survival, Protection and Development of Children - Agreed to at the World Summit for Children, New York, 30 September 1990)-Booklet "First call for children", UNICEF, New York, p.1
- ³ "World Declaration on Education for All", Jomtien, Thailand, 5-9 March 1990, "Education for All: Purpose and Context", Roundtable themes I, UNESCO, Paris 1991, p. 91
- ⁴ B-P, "Headquarters Gazette", May 1920, quoted in M. Sica "Footsteps of the Founder, Editrice Ancora Milano, Milano, 1984, p. 58
- ⁵ "Resolutions of the World Scout Conference 1922-1990 – Supplement", World Scout Bureau, Geneva, 1990, p. 139
- ⁶ "World Education Report 1991", UNESCO, Paris, 1991, p. 55
- ⁷ "TRENDS in the world today. How they affect young people. Questions and challenges for Scouting", World Scout Bureau, Geneva, 1994
- ⁸ United Nations Press Release, UN Department of Public Information, Reference Paper No. 32, February 1993
- ⁹ Baden-Powell, "Aids to Scoutmastership", written in 1919, World Brotherhood edition, published by The National Council, Boy Scouts of Canada, Ottawa, from plates the gift of Boy Scouts of America, 1945, p. 54 and Mario Sica, Footsteps of the Founder, op. cit. p. 58
- ¹⁰ M. Sica, Footsteps of the Founder, op. cit. p. 58
- ¹¹ Baden-Powell, "Aids to Scoutmastership", op. cit., p. 54
- ¹² B-P, "Aids to Scoutmastership", op. cit., p. 54
- ¹³ B-P, "Aids to Scoutmastership", 1919 edition, pp. 100-101
- ¹⁴ Quoted in M. Sica, op. cit. p. 17
- ¹⁵ Quoted in M. Sica, op. cit. p. 16
- ¹⁶ Article "Sydney passando per Assisi", don Romano, Revista "Scout Avventura", No. 4, 14 February 1987, AGESCI
- ¹⁷ Constitution and By-Laws of the World Organization of the Scout Movement, World Scout Bureau, Geneva, July 1983
- ¹⁸ Rehabilitation International, article "Childhood disability: its prevention and rehabilitation" in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 45

¹⁹ UNICEF NEWS, Issue 105, 1980, quoted in: Susan Hammerman and Stephen Maikowski (editors), "The Economics of Disability: International Perspectives", published by Rehabilitation International in co-operation with the United Nations, New York, March 1981, p. 32

²⁰ Rehabilitation International, article "Childhood disability: its prevention and rehabilitation" in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 54

²¹ Ibid.

²² United Nations Expert Group Meeting on "Socio-economic implications of investments in rehabilitation for the disabled", Geneva, 1-9 December 1977, para. 42 (unpublished report), quoted in Rehabilitation International, article "Childhood disability: its prevention and rehabilitation" in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 54

²³ Estimates of 1997 in "The World Health Report 1998", World Health Organization, Geneva, 1998, p. 45-47

²⁴ Estimates of 1997 in "The World Health Report 1998", World Health Organization, Geneva, 1998, p. 47

²⁵ "The World Health Report 1998", World Health Organization, Geneva, 1998, p. 92

²⁶ "The World Health Report 1998", World Health Organization, Geneva, 1998, p. 106

²⁷ International Classification of Impairments, Disabilities and Handicaps: a Manual of Classification Relating to the Consequences of Disease, WHO, Geneva, 1980, quoted in "Rehabilitation Digest", Ontario, Canada, August 1992

²⁸ International Classification of Impairments, Disabilities and Handicaps: a Manual of Classification Relating to the Consequences of Disease, WHO, op. cit.

²⁹ Beatriz Lienhard, article "Extending Scouting to Disabled Persons" in "Europe Information", No. 22, September 1986, pp. 9-15

³⁰ International Classification of Impairments, Disabilities and Handicaps: a Manual of Classification Relating to the Consequences of Disease, WHO, op. cit.

³¹ Beatriz Lienhard, article "Extending Scouting to Disabled Persons" in "Europe Information", No. 22, September 1986, pp. 9-15

³² International Classification of Impairments, Disabilities and Handicaps: a Manual of Classification Relating to the Consequences of Disease, WHO, op. cit.

- ³³ Beatriz Lienhard, article “Extending Scouting to Disabled Persons” in “Europe Information”, No. 22, September 1986, pp. 9-15
- ³⁴ International Classification of Impairments, Disabilities and Handicaps: a Manual of Classification Relating to the Consequences of Disease, WHO, op. cit.
- ³⁵ Susan Hammerman and Stephen Maikowski (editors), “The Economics of Disability: International Perspectives”, published by Rehabilitation International in co-operation with the United Nations, New York, March 1981, p. 32
- ³⁶ Article “The disability process and intervention levels”, WHO Secretariat, Geneva, in “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, p. 34
- ³⁷ Susan Hammerman and Stephen Maikowski (editors), “The Economics of Disability: International Perspectives”, published by Rehabilitation International in co-operation with the United Nations, New York, March 1981, p. 40
- ³⁸ “Elements for a Scout Programme, section VI “Scouting with the handicapped”, World Scout Bureau, Programme Service, Geneva, p. 8)
- ³⁹ Article “The disability process and intervention levels”, WHO Secretariat, Geneva, in “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, p. 35
- ⁴⁰ Rehabilitation International, article “Childhood disability: its prevention and rehabilitation” in “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, pp. 43-75
- ⁴¹ Robert B. Edgerton, “Mental Retardation”, Harvard University Press, Cambridge, Massachusetts, 1979, p. 36
- ⁴² “Guiding principles for a strategy of disability prevention and rehabilitation”, WHO, in “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, p. 42
- ⁴³ Robert B. Edgerton, “Mental Retardation”, Harvard University Press, Cambridge, Massachusetts, 1979, p. 76
- ⁴⁴ P. E. Mandl, Editorial, “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, p. 12
- ⁴⁵ Ibid., p. 13

- ⁴⁶ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 15
- ⁴⁷ Article "The disability process and intervention levels", WHO Secretariat, Geneva, in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 38
- ⁴⁸ Article "The disability process and intervention levels", WHO Secretariat, Geneva, in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 38
- ⁴⁹ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 12
- ⁵⁰ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 12
- ⁵¹ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 12
- ⁵² The World Health Report 1995 – Bridging the Gaps, Geneva, World Health Organization, 1995, quoted in article of Dr M. Jancoes "The poorest first: WHO's activities to help the people in greatest need" in World Health Forum, Volume 19, No. 2, 1998, pp. 182-187
- ⁵³ The World Health Report 1998, Life in the 21st century, a vision for all", © World Health Organization, Geneva, 1998, p. v
- ⁵⁴ Article "The roll of the dice" by Carol Ballamy, "The Progress of Nations 1999" © UNICEF, New York, 1999, p. 1
- ⁵⁵ Article "Disabled persons as victims of armed conflicts and civil unrest" in "Disabled Persons Bulletin, published by the Centre for Social Development and Humanitarian Affairs, United Nations, Vienna, No. 3/1990, pp. 1-2
- ⁵⁶ Article "Dreaming of Peace", in "First Call for Children", UNICEF, April-June 1994, No. 2 of 1994, p. 7
- ⁵⁷ Article "Disabled persons as victims of armed conflicts and civil unrest" in "Disabled Persons Bulletin, published by the Centre for Social Development and Humanitarian Affairs, United Nations, Vienna, No. 3/1990, pp. 1-2
- ⁵⁸ Article "Disabled persons as victims of armed conflicts and civil unrest" in "Disabled Persons Bulletin, published by the Centre for Social Development and Humanitarian Affairs, United Nations, Vienna, No. 3/1990, pp. 1-2

- ⁵⁹ Article “Disabled persons as victims of armed conflicts and civil unrest” in “Disabled Persons Bulletin, published by the Centre for Social Development and Humanitarian Affairs, United Nations, Vienna, No. 3/ 1990, pp. 1-2
- ⁶⁰ World Declaration on the Survival, , Protection and Development of Children- Agreed to at the World Summit for Children, New York, 30 September 1990. Booklet “First call for children”, UNICEF, New York, pp. 1-8
- ⁶¹ Susan R. Hammerman, article “The deaf in the Third World: neglected and apart”, in “Assignment Children” No. 53-54, “The disabled child: a new approach to prevention and rehabilitation”, UNICEF, Spring 1981, pp. 90-101
- ⁶² Ibid, p. 94
- ⁶³ Ibid, p. 96
- ⁶⁴ Ibid, p. 97
- ⁶⁵ Ibid, p. 95
- ⁶⁶ Ibid, p. 94
- ⁶⁷ Ibid, p. 94
- ⁶⁸ The World Health Report 1998, Life in the 21st century, a vision for all”, © World Health Organization, Geneva, 1998, p. 47
- ⁶⁹ “Elements for a Scout Programme”, Section VI “Scouting with the Handicapped”, World Scout Bureau, Geneva, January 1989, p. 3
- ⁷⁰ “Elements for a Scout Programme”, Section VI “Scouting with the Handicapped”, World Scout Bureau, Geneva, January 1989, p. 3
- ⁷¹ Beatriz Lienhard, article “Extending Scouting to Disabled Persons” in “Europe Information”, No. 22, September 1986, pp. 9-15
- ⁷² Magazine “Jamboree”, Boy Scouts International Bureau, issue of July 1924, London, UK pp.332-333
- ⁷³ Magazine “Jamboree”, Boy Scouts International Bureau, issue of April 1925, London, UK p. 435
- ⁷⁴ Ursula Richardson, “Games for the Handicapped”, C. Arthur Pearson Ltd., London, 1956
- ⁷⁵ René Simonnet, “Vacances des jeunes inadaptes”, EEDF, 1966, mimeographed report
- ⁷⁶ Beatriz Lienhard, article “Extending Scouting to Disabled Persons” in “Europe Information”, No. 22, September 1986, pp. 9-15

77 Ibid.

78 Article “Boost for Extension Scouting Programme” in World Scouting Newsletter, Vol. 15, No. 9, November 1983

79 Article “WE CAN integrate disabled young people into Scouting”, in World Scouting News, Vol. 21, No. 3, March 1989

80 Ibid.

81 AWARE, Information on Health and Handicap from the Programme Service of the World Scout Bureau, © World Scout Bureau, Geneva, 1988-1992

82 “World Scouting News”, special issue, volume 23, No. 8, September 1991, p. 6

83 Planning Guidebook Global Development Village, World Scout Bureau, Geneva, circa 1992, p. 14

84 “World Scouting News”, special issue, volume 23, No. 8, September 1991, p. 7

85 Booklet “Programme, Global Development Village, 18th World Jamboree”, August 1995, published by Scouting Nederland, and booklet “Scouting for everyone”, Global Development Village, 18th World Jamboree”, August 1995

86 World Scouting News Vol. 30 No. 5 November 1998-February 1999

87 Ibid.

88 “Mines Action Canada”, 17 November 1999, downloaded from www.minesactioncanada.com/map.cfm

89 “If I push him - will he break? Understanding handicaps in Scouting”, © The Scout Association, United Kingdom, London, 1986

90 “Healthy Ideas for Youth Members”, produced by the Scout Youth Health Project with funds from the Victorian Health Promotion Foundation, © The Scout Association of Australia, first printing March 1993

91 “Integrated Scouting”, editor: Gerard Glynn, The Catholic Boy Scouts of Ireland, © The Scout Foundation, Dublin, first printing October 1986

92 Booklet “Il suffit de passer le pont: Propositions et expériences pour un Scoutisme ouvert aux handicapés”, published by Fédération des Scouts Catholiques, Belgium, Brussels, 1982

93 Booklet “Integrar: Una Nueva Aventura”, © MSC, Colección Praxis No. 2, Barcelona, Spain, 1993

⁹⁴ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 17

⁹⁵ P. E. Mandl, Editorial, "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 17

⁹⁶ Article "The disability process and intervention levels", WHO Secretariat, Geneva, in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, pp. 36-37

⁹⁷ Article "The disability process and intervention levels", WHO Secretariat, Geneva, in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, pp. 37-38

⁹⁸ Article "The disability process and intervention levels", WHO Secretariat, Geneva, in "Assignment Children" No. 53-54, "The disabled child: a new approach to prevention and rehabilitation", UNICEF, Spring 1981, p. 38

⁹⁹ Bulletin des Handicapés, published by the Centre for Social Development and Humanitarian Affairs, United Nations Office, Vienna, No.2, 1990, p. 14

¹⁰⁰ ABC News, 29 Sept. 1998

¹⁰¹ Disability '99, The World Disability Report, The International Disability Foundation, Geneva, 1998, article "The bionic Scot", p. 76

¹⁰² Disability '99, The World Disability Report, op. Cit. Article "The Right Device", p. 77

¹⁰³ REHA INFO International, held in Dusseldorf, 22-25 October 1997, Information Bulletin No. 1

¹⁰⁴ Disability '99, The World Disability Report, op. cit. Article "The Right Device", p. 77

¹⁰⁵ Susan Hammerman and Stephen Maikowski (editors), "The Economics of Disability: International Perspectives", published by Rehabilitation International in co-operation with the United Nations, New York, March 1981, p. 41

¹⁰⁶ "World Declaration on Education for All", Article 3, No. 5, in Final Report, World Conference on Education for All, 5-9 March 1990, Jomtien, Thailand, Interagency Commission WCEFA (UNDP, UNESCO, UNICEF, World Bank) New York, U.S.A., p. 45

¹⁰⁷ Booklet "The Standard Rules on the Equalization of Opportunities for Persons with Disabilities", © United Nations, New York, 1994

- ¹⁰⁸ Booklet “The Salamanca Statement and Framework for Action on Special Needs Education”, printed in UNESCO, 1994, ED-94/WS/18
- ¹⁰⁹ Article “Integration not Segregation” from Constanza Montaña, in UNESCO SOURCES No. 60, Paris, July-August 1994
- ¹¹⁰ Article “Inclusive Vision”, no author, in EFA 2000, Bulletin published by UNESCO, April-June 1994
- ¹¹¹ Bulletin des Personnes Handicapées, No. 1 and 2, Division for Social Policy and Development, United Nations, New York, 1994, pp. 9-10
- ¹¹² “Non-Governmental Liaison Service Round up”, United Nations NGLS, Geneva, May 1995, p.4
- ¹¹³ Disabled Persons Bulletin, No. 2 and 3, Division for Social Policy and Development, United Nations, New York 1996, pp. 1 to 7
- ¹¹⁴ General Assembly Resolution A/RES/50/81, 13 March 1996, United Nations, New York, ref. 96-77143
- ¹¹⁵ Disabled Persons Bulletin, volume 1, 1995, Division for Social Policy and Development, United Nations, New York, USA
- ¹¹⁶ Disability '99, The World Disability Report, op. cit. Press Release, pp. 1 and 2
- ¹¹⁷ Disability '99, The World Disability Report, op. cit. Article by Javier Pérez de Cuéllar “The major minority”, p.1 and Press Release, p. 1
- ¹¹⁸ World Summit for Social Development, Fact Sheet “Social Progress through Industrial Development”, published by the United Nations Department of Public Information, DPI/ 1522/SOC/CON - 95-03043 - January 1995
- ¹¹⁹ World Scouting News, World Scout Bureau, Geneva, April-May-June 1998, p.4, and working documents, Programme Service, World Scout Bureau
- ¹²⁰ Dominique Bénard, Regional Director, Memorandum to International Commissioners, European Scout Office, Brussels, April 1996
- ¹²¹ Bojan Bosnjak, Project Co-ordinator, Circular letter to supporters of the project, Zagreb, March 1996
- ¹²² World Scouting News, World Scout Bureau, Geneva, April-May-June 1998, p.4
- ¹²³ FSC Belgium, “Il suffit de passer le pont”, Editions FSC, Brussels, 1982, p. 10

ANNEX 1:
RESOLUTIONS OF THE
WORLD SCOUT
CONFERENCE
CONCERNING
SCOUTING WITH THE
HANDICAPPED

1955

4D/55 Stamp Scheme

The Conference commends the results achieved to date with the Bureau Stamp Scheme as a further means of income and requests all Member Associations and their overseas branches to support this plan by encouraging their members and friends to forward used postage stamps to the Bureau.

12/55 Handicapped Advisory Committee and Fund

b) The Conference welcomes the institution of the International Advisory Committee on Scouting with the Handicapped and strongly recommends that member countries which have not already done so should cater for the inclusion of handicapped boys in ordinary groups where possible and, where it is not, by forming groups attached to sanatoria, hospitals and special schools. The Conference believes that Scouting is highly effective in the development and recreative training of all boys including those with many forms of handicap.

c) The Conference recommends that at future world gatherings held under the aegis of the Conference the host country should consider the allocation of any collections at religious services to the international fund for the development of Scouting with the handicapped, administered by the International Bureau, or of sharing such collections between this fund and some other national Scout charity.

1988

4/88 Scouting with the handicapped

The Conference

- endorses the view that all leaders in the Movement have a responsibility to promote Scouting with the handicapped
- urges all national Scout organizations to review their programmes to ensure that they meet the needs of all young people irrespective of ability
- strongly encourages all national Scout organizations to ensure that there is a key person with influence within the programme team at national level specifically responsible for promoting Scouting with the handicapped
- urges national Scout organizations to make available sufficient resources to promote effective Scouting with the handicapped.

1999

17/99 Landmines

The Conference

- considering that there are tens of millions of landmines spread throughout the world and, statistically, someone steps on a mine every twenty minutes
 - noting that a large number of their victims are children and young people living in a country in peace time
 - reminding its members that the problem is a humanitarian, not a political, one and that Scouting, as Baden-Powell said, is a movement for peace education
 - welcoming the recently signed co-operation agreement between the World Organization of the Scout Movement and Handicap International, and the first product of that agreement, the landmines awareness kit including the awareness game developed by the Geneva branch of the *Mouvement Scout de Suisse*
- encourages National Scout Organizations to use the kit in their programmes and activities to increase awareness of the problem, and to cooperate with Handicap International at national level
 - declares its solidarity with non-governmental organizations working within the International Campaign to Ban Landmines to achieve a total ban on the manufacture, export, storage, transport, trade and use of all types of anti-personnel mines.