SCOUTING IRELAND
ADULT RESOURCES

Supporting Special Needs

Page Contents

What are Specials Needs?

A special or particular need is any condition, impairment or situation that could make it difficult for a young person or adult to participate fully in Scouting.

Many young people in the average Group will require some special consideration to enable them to be fully involved in the programme.
Some disabilities may be short term, such as an arm in plaster or the effects of social or family problems. Others may be more complex or permanent needs, such as a physical or sensory impairments or mental health problems.

Some specials needs are not immediately obvious, such as behavioural problems, like ADHD, and learning difficulties and these are referred to as hidden disabilities.

Younger people, particularly at Beaver Scout age may have special needs that are less pronounced and require only little support. As the young person grows older however, their particular needs may become more pronounced. This could lead to difficulties in participating in the programme, requiring greater levels of support.

The special needs that you are probably most likely to encounter are:
Asthma, Diabetes, Dyslexia, Dyspraxia, Eczema, Epilepsy, Hearing impairment, mental health problems, Speech and language difficulties, Mobility impairments or Visual impairment.

Whatever their cause, the particular needs of any young person needs to be known and understood. Equipped with the right background knowledge, the Scouter and youth team will be able to plan for and support the individual's full participation in the life of the Section.

There will be conditions that you encounter that you know very little about, but once you have met the young person or adult wanting to join Scouting, 'labels' are only useful in tracking down helpful information.

Scouting exists to promote the development of individuals, whatever their particular need, helping them to grow and achieve their full potential.
By identifying and providing for an individual's special need, we can include more young people and adults in Scouting.

Scouting should be available to all. As far as is practical, we must be preparedto do what we can to accommodate all young people who wish to join. Scouters have a responsibility to keep a watch out for young people with particular needs and to take steps to find out how best to include them. We need to ensure that the programmes we offer are not just balanced throughout the programme zones, but are appropriate to the abilities of our members.

Special Needs Groups will often be happy to provide opportunities to those wishing to find out more about special needs. This can lead to ongoing contact between groups, which will be of benefit to both.

Information

A section’s Scoutership team needs to obtain basic information about all young people before they join. Besides the most obvious details of; date of birth, parents/carers address, phone number, school attended and so on, the team need to know whether the young person has any special needs which will have to be met.

This may range from a general appreciation of what the young person can or cannot do, to the far more detailed information required for a Scout with a serious medical condition. Such information will include details about medication, eating, toileting, communicating, mobility, lifting and handling and knowledge of the procedures that are familiar to the young person.

It may be that the young person will require some individual support during the meeting to enable them to participate fully. A greater level of support may be required for outdoor activities, events and camps or other experiences.

You will also need to discuss the matter with the other Scouters in the group, they will need to support your decision as hopefully the young person will progress through the sections within your group and they will need to be thinking ahead for the time when they will need to make provision in their own section.

If you feel your Scoutership team is under-strength there may well be parents or carers willing to come and support the young person. Some support organisations have ‘buddy’ schemes and may be able to link a volunteer with the young person to support them at sections meetings. If you feel you really cannot provide what you believe a young person needs, there may be another group in your area that is better equipped to cope.

If you are able to welcome the Scout into your section, it is important to start planning the activities appropriate to their age right away. You will need to take into account the appropriate communication methods, attention span and physical and personal needs of the member.

Example 1 **To find out the needs of a ten year old boy with a behaviour disorder**

- What are some of the things that trigger unacceptable behaviour in your child?
- What things have you done at home to discourage any anti-social or other difficult behaviour?
- Are there any situations where your child will find it difficult to cope and which we should avoid (such as reading in front of others)?
- What methods have worked well at school to cope with his behaviour?
- What medication is taken, and how often?
- Are there any special considerations we need to be aware of when we take our Cub Scouts to camp, outings or pack holiday?
- Does he require any additional rest periods?

Example 2

For an eight year old girl with mobility difficulties.

- What is the cause of the mobility disability?
- Can your daughter cope without a wheelchair? If so, for how long far?
- Does she require assistance with toileting?
- What types of wheelchair does she have access to?
- Do you foresee any particular problems with our meeting place, which we may not have considered?
- Are there any special things the other cubs scouts should or should not do to help?
- Will she require special transport arrangements when going to camps or other outings?

Having discussed the young person's needs with their parents or carers and having thought about the implications, it is time to make a decision, is your section able to provide a flexible and creative programme for the young person that can be balanced with the need of the other scouts in the section?. This is not a decision that you should take alone. It is important and necessary to discuss the situation with other members of your leadership team and your group council.

As a young person moves from one section to the next, it is essential to pass on their details including information about any special needs. Be aware however that while a special need may go almost unnoticed in a short beaver scout meeting, it may start to present more of a challenge as the young person get older and the opportunities in the programme increase. For the same reason, as a young person becomes more familiar with his or her disability, they may well begin to cope better with it and be able to recognise what they can and cannot do.

Some personal care issues

Some scouts with particular physical or learning disabilities may at times require support of a personal nature. These tasks should only be carried out with the full understanding and written consent of parents or carers. In an emergency where this type of help is required, the parents /carers should be fully informed as soon as possible.

It is important to ensure that those undertaking personal care are sensitive to the individuals and carry out tasks with the utmost discretion. Scouters should ensure that the scout is given privacy and treated with dignity when tasks of a personal or intimate nature are being carried out. Someone who is inexperienced must not undertake this kind of assistance. Keep a record of any personal care tasks that are undertaken.

Parents/carers are responsible for keeping Scouters updated with this information. They can also best advice on how to undertake the personal care. Members of the leadership team should be aware of these guidelines and obtain the prior written approval regarding the level of personal care and in what circumstances it can be given. As a general guideline Scouters should never carry out an intimate care task for a child/young person that they are able to do themselves.

The Scouter in charge should only administer medication under the strict written instructions from the parent/carer. This responsibility may however be delegated to another Scouter or assistant who has the appropriate expertise. All medication should be stored safely and correctly and a record kept of anything administered.
(See guidelines on Medication on page 63)

Toilet

As all Scouters will be aware, the regular use of a toilet is essential for good health. A change of routine as a result of young people going on residential experiences, outings and events can disturb this routine and may lead to problems.

Where a young person requires assistance with toileting, it is advisable for two adults to always be present. Discussions about toilets and toileting can create a feeling of embarrassment and shyness, and at all times must be treated with sensitivity.

- Is a special toilet used in the 'home' situation?
- Can the young person manage on a standard toilet? Do they use a portable adaptation such as a special seat or toilet chair?
- Will a camp toilet be suitable?
- Would the young person be happier with a frame to give support?
- What help does the young person need with toileting?
  - Support to stand?
  - Support while sitting?
  - Assistance for undressing or dressing?
  - Assistance with personal cleansing?
- Have the parents/carers agreed who can administer this help?
- Does the young person wear nappies or an appliance?
- Is assistance required with changing/emptying a colostomy or urinary bag?
- Are facilities available for disposing of soiled nappies?
- Are special facilities available for toileting, which will provide an appropriate level of privacy and hygiene?
- Are disposable gloves available for helpers?
- Is a high level of fluid intake required to reduce the risk of a urinary infection?
- Does the young person require assistance in evacuation of the bowel?
  - Are laxatives or suppositories used?
  - Do I understand how to use them?
  - Is other assistance required?
  - Do I feel capable of giving this assistance?
- Does the young person require different provisions for toileting at night?
  - Regular emptying of a bag?
  - Waking up to go to the toilet?

Further Tips

The excitement of activities can sometimes lead a young person to forget to check that a urinary bag is not too full. A gentle reminder before partaking in more exercise that is violent can often save an accident. The smell, colour or lack of clarity of urine may indicate a bladder infection. Where a urinary bag is used, the young person or a helper should check this regularly. If in doubt, seek advice.

For journeys make sure that an emergency kit is available, with a supply of spare nappies, colostomy or urinary bags, toilet paper, disposal bags etc. Ensure adequate supplies of all special appliances, colostomy or urinary bags and nappies are available to cover the whole duration of the outing, camp or pack holiday – with a contingency supply in case of accidents. If urinary bags are to be reused, they should be washed out in disinfectant or Milton every day, then rinsed and allowed to dry before being reused. Most urinary bags have a tap that is used for emptying. If this job is to be done by a helper – make sure they remember to close the tap, it will save embarrassing accidents!

Safeguarding Scouters

All members of the leadership team must be aware of all relevant Child Protection issues. They must also fully understand the rights of individual’s child or adult to privacy and dignity. Scouters should be familiar with and adhere to the policies, procedures, and guidelines set out in Scouting Ireland’s ‘Code of Good Practice’document.

The Programme

When the balanced programme is used to its full potential it should provide opportunities for young people regardless of their needs and abilities.

Although there is just one programme for all, it contains a great deal of flexibility. Designed primarily for participation and involvement, it is also much more about young people having a go rather than passing tests or achieving a particular standard. It can therefore be an enjoyable and rewarding experience for any young person whatever their ability.
If a particular activity within a scout group cannot be offered to a young person with Special Needs, it might be possible for the activity to be done at home with the support of parents or carers. If this is not possible, than perhaps the young person’s school could offer support. There are many ways a young person may express their understanding of the promise. Which method is chosen will depend on the abilities of the individual member. You may like to consider some of the following.

- Read or recite the Promise.
- Repeat the Promise line by line.
- Have a Patrol Leader, older Scout, friend or the whole group say it on the scouts’ behalf.
- Sign the Promise using Sign Language.
- Use symbols.
- Respond to questions, e.g. ‘Do you Promise to do your best?’ answered by a headshake, sound expression or eye movement.

When considering how to deliver the programme think of the young person and their particular disability.

For example:

- Plenty of short items may be helpful.
- Use pictures or other visual aids, which are easier to understand than words for young people with learning difficulties. It may also make things clearer for everyone else!
- Where an individual has difficulty reading or writing, provide an opportunity to use alternative means of communication such as a tape recorder, an audio programme on a laptop computer, or even someone else acting as a scribe.
- If a young person is in a wheelchair, never use as referee during games or activities. Help them to participate as fully as they are able.
- Take account of the difference that occurs in size, strength and physical ability within a peer group.
- Do not worry if the young person cannot fully take part in all activities, they will still enjoy being part of the group.
- Above all else, it is important to provide activities that the young person wants to do, rather than those, which adults believe 'are good for them'.

There is already considerable flexibility in the age range for moving from one section to the next. However, there may be occasions when it will be appropriate to further extend this flexibility. Scouters in a group may, following a discussion with the parents or carers, request that a young person remain within a section outside the usual age flexibility. Every young person should also have a say as to when they move on.

Allergies

Allergies are commonplace, and appear to be slowly on the increase. There are a wide range of allergies to substances and a wide range of reactions ranging from minor problems to life threatening conditions. Many of these start early in life, and an understanding about this common problem can help calm fears and concerns that many Scouters, parents /guardians and carers can have.

What is an allergy?

An allergy is caused by the body's reaction to a substance that is recognises as "foreign". This foreign substance is called an allergen (antigen) or allergenic substance, and the type and extent of the allergic response mounted by the body depends on many factors such as the degree of previous exposure to the allergen, the severity of previous reactions and the amount of allergen exposed to the body at any one time.

Common allergens include:

- Food such as nuts, eggs, milk, fish and shellfish.
- Medication such as antibiotics (penicillin)
- Environmental allergens such as pollen, house dust and animals Although not an allergen, chemical fumes can exacerbate asthma.
- Insect bites such as from bees, wasps and hornets.
- Other compounds including rubber (latex).

The body responds to an allergenic exposure by releasing chemicals, particularly histamine, which causes inflammation of the body tissues. The amount of histamine, and where in the body it is released, accounts for the different types and degrees of allergic reaction encountered. The effects of exposure to allergens can be varied.

Typical reactions include:

- Skin itching or flushing.
- Skin wheals (Urticaria, commonly called "hives" or "nettle rash").
- Swelling of the face and tongue.
- Itching/watering nose or eyes.
- Wheezing.
- Shortness of breath or difficulty breathing.
- Coughing.
- Dizziness or light headedness.
- Collapse and lose of consciousness.
- Nausea/feeling sick and vomiting.
- Stomach cramps.
- Diarrhoea.

Not all allergies result in someone having all of the above reactions. For example, an asthma sufferer may notice an increase in their wheeziness during the hay fever season from exposure to pollens, and someone with eczema may develop worsening skin rash and itching from a change in their usual environment, i.e. bedding, detergent. However, even these longstanding allergic responses may get dramatically worse with exposure to a high level of allergen. A sudden exposure to a high level of allergen, or exposure of even small levels of allergen in a very sensitive person, can trigger a massive allergic response resulting in many of the above reactions occurring together. This can be life threatening, and is termed anaphylaxis.

Allergies

Anaphylaxis

In such individuals, the histamine release from exposure to an allergen is massive and wreaks havoc in the body, creating a severe state of inflammation showing itself in many of the reactions listed above. Prompt treatment is vital in stopping the reaction and reversing the problems arising from it, if not death may occur.

Some people know if they suffer from anaphylaxis, but an anaphylaxis reaction can be triggered in someone who has previously never had such a reaction. Known anaphylaxis sufferers often wear Medic-Alert type bracelets or medallions to warn others of their susceptibility, and their likelihood of having a severe allergic reaction.

Adrenaline, also known as epinephrine, is a medicine that can halt the worsening of symptoms during a severe allergic reaction, and many anaphylaxis sufferers also carry auto-injectors of adrenaline in case of an emergency. Auto-injectors are special pen-like injection devices that are designed to inject a fixed dose of adrenaline into the thigh muscle. These are commonly referred to as EpiPen or AnaPen.

Advice to Scouters

- Be aware of any allergy sufferers within your group or section. Find out what the triggering allergens are, what the usual allergic reaction is like and what that person normally does when a reaction is triggered. An informal chat with the parents or guardian engenders trust and confidence for all concerned.
- Make all Scouters in the group or activity aware of the possibility of a severe allergic reaction in one of its members.
- If any member has a severe allergy or anaphylaxis, avoid any game or activities that bring that person into contact with the trigging allergen.
- In severe allergy to food components such as nuts, always check the labelling carefully before given a sufferer food. Remember that even small traces of food allergen can trigger anaphylaxis. When preparing food, it is essential to prevent cross contamination of allergenic foods with non-allergenic foods. Even safer, consider banning the allergenic food at camp, meetings, etc.
- Familiarise yourself with any medications taken by the sufferer, and agree with them and their parents/guardians when any medication should be taken in the event of an allergic reaction. Make sure all Scouters know where the medications are stored.
- With an anaphylaxis sufferer, strongly consider being trained on how to use the adrenaline auto-injector, as it can be a life saving measure. A trained doctor, nurse or knowledgeable parent can help with this.
- Remember it is consider good practice for a Scouter to obtain written permission from the parent or guardian for administering any medication to a young person.
- Do not forget that Scouters and other adults can suffer allergies, and the reaction they cause. This may be especially relevant when individuals are in situations such as nights away or in unfamiliar environments.

Attention Deficit Hyperactivity Disorder (ADHD OR ADD)

What is ADHD or ADD?

ADHD is a condition of brain dysfunction, which can significantly interfere with everyday life. Some individuals may only be inattentive whilst others may display conduct disorder (unacceptable behaviour), depression, anxiety, obsessions, specific learning difficulties, speech or language disorder, low self esteem, poor social skills, difficulties in forming relationships/friendships and problems with auditory processing. Obviously many of these are also side effects of the behaviour displayed by a particular individual.

Those with ADHD often have a poor attention span and weak impulse control; this means sitting still is difficult. Some individuals with ADHD/ADD can find it difficult to gauge time, are forgetful and loose things.

Not all-unacceptable behaviour can be put down to ADHD/ADD. ADHD/ADD can be difficult to diagnose and required careful assessment by a child psychiatrist. Part of the treatment may involve using drugs such as Methylphenidate (Ritalin). The drug can be highly effective in calming and improving concentration and is used as part of an overall treatment strategy that uses systematic behaviour modification. Dosages and timings of administration are very important, as the effects of the drug can be short lived. Scouters should follow the medical advice provided by the parents/guardians/carers.

There are some side effects that are said to be brief and thus related, but research is continuing into long term effects. These can include loss of appetite, headaches, tics and a sense of unease. Drug treatment may be required over many months or years. Living with someone who has ADHD/ADD can be very stressful and frustrating. These are some extreme incidences where families have been barred from certain place, for example swimming pools and supermarkets, because of the disturbance that a member of the family with ADHD/ADD can cause.

The drug treatment often goes alongside systematic behaviour modification techniques at home and at school. Scouters will need to link closely with the individual and their family to find the method for dealing with any outbursts or preventing the escalation of a difficulty.

Individuals with ADHD/ADD can find it difficult to wait for their turn, constantly seek adult attention and /or have low boredom thresholds. This can be difficult to cope with and have an isolating effect on them as others find these characteristics unattractive in potential friends.

They may also show a tendency to blurt out inappropriate, often personal, comments this of course does little for relationships or integration with their peers. They may also appear rude or saying halfway through a sentence and seem inattentive all this requires a great deal of patience from everyone.

Advice to Scouters

- When giving a list of instructions, break it down. Many people would remember the order in which to do things to visualising themselves actually doing it; individuals with ADHD/ADD repeat the sequence to themselves. This is effective unless something disrupts their chain of thought and they lose their place. Giving reminders during the task is helpful too.
- Use structured games and activities in your programme. Activities that require good self-control are not a problem; it is the new or less structured games that can provide triggers for anxiety and potential loss of control. Providing support or extra instructions to help them through the transition to more tasks that are flexible should help to head off any confrontation.
- Individuals with ADHD/ADD may also need help with organisation and remembering times, and places of meetings. In the young persons Patrol, Six or Colony, suggest note taking to provide reminders or a ‘buddy system’ where the friend phones immediately before the meeting to provide a reminder of any change of time or venue. These reminder systems can lessen the frustration and anxiety, which can lead to inappropriate responses.
- The mood swings and unpredictable reactions brought about by ADHD/ADD can lead to individual having difficulty in making friends. Support and patience from the other young people and Scouters in the Scout group is very important. Teamwork skills are invaluable and make success possible.
- Set one small target at a time making it clear and simple. Any reward for completing a task must mean something and be immediate. Try to make praise public whilst keeping discussion of issues that have arisen, private.
- Flexibility is important and taking a break may prove very successful, especially where the individuals can take time out themselves when they recognise an outburst starting. Recognising their own need and taking steps to address it needs to be seen as a positive so make sure praise is given.

Asthma is the most common chronic disease of childhood. Many young people grow out of their asthma completely, while others will continue to have occasional minor attacks. Sometimes a serious asthma attack will require admission to hospital; in extreme cases, a severe attack can be fatal.

Asthma affects the airways of the lungs, causing the passages to narrow. During an attack, there is less room for the air to get through causing difficult in breathing and a combination of coughing. Wheezing and chest tightness. Often this is most noticeable during the night or early morning.

Those with asthma find that their airways are easily irritated and so a "trigger factor" such as pollen or fine dust can start an attack.

Some of those with asthma may know what triggers an attack for them, but it is quite likely that they will not, as triggers can be very varied. A cold can increase the chances of an attack in some people; other triggers are allergic reactions to house dust mice, animal fur or pollen. Infections, cold air, fumes or exercise can also cause attacks. Occasionally medicines, food or extremes of emotion can trigger an attack.

Most of those with asthma will take some form of medication, either a relieving drug, which opens up the narrow airways, often taken using an inhaler, and /or a preventative drug, which helps to reduce the irritability of the airways and the effects of the trigger factor.

It will often be the case that 'reliever' medication will be taken when an attack starts or before taking exercise and 'preventer' medication will be taken at regular times of the day.

Individuals may find that particular Scouting activities may trigger an attack, or their doctor may have advised them against certain activities. This must be taken into account when planning such activities.

Advice to Scouters

- If a particular activity causes a problem, try to plan around it and have an alternative available without making a fuss.
- The excise, excitement and dust of the weekly meeting place can trigger an attack. Anyone with an inhaler should have it with them and Scouters should be aware of how it is used. If the inhaler has been forgotten and an attack happens, create some space for recovery by moving others away and making them comfortable. Encourage them to stay calm and to take regular breaths as deeply as possible. Then contact the parents/guardian/carer to bring an inhaler or to take, them home as necessary.
- For camps, holidays and outings it is important to ensure that anyone with medication including an inhaler bring it with them.
- You need to be aware that pollen, excitement, tiredness, excise, a respiratory tract infection (common cold), sudden exposure to cold water (e.g. falling out of a canoe) or homesickness could precipitate an attack.

- Whilst away make sure that someone in the same tent or room knows that they must call for a Scouter if anyone is taken ill in the night.
- Discuss any special measures that need to be taken for expeditions with the young person concerned, and their parents if appropriate. If it seems necessary, seek medical advice. Ensure all other members of the expedition are properly briefed in case an emergency arises.
- An asthma attack must be treated seriously, if there is no medication to hand, or if the medication does not appear to have any effect, for example continuing laboured breathing; blueness of lips, tongue or finger tips; vomiting fatigue or a very fast pulse seek medical help.
- Each individual with asthma will be different, some can manage their own medication successfully, and others cannot. It is wise to check that the correct medication is available before starting an activity.
- Scouters must recognise that for young people with asthma, control of their condition may become the subject of rebellion as part of their adolescent process. For a while, individuals may become careless, even foolish over their activities or medication. This can cause additional problem and require a good deal of understanding and discussion especially if adventurous activities are being contemplated.
- If medication is administered, make sure you know the correct dosage. If special equipment is required (e.g. spacer devices) be sure you know how to operate it correctly.
- Try to keep calm if someone has an asthma attack, a crowd of spectators, fear, panic or excitement can make it worse.
- Discuss with the individual and /or their parents/guardians the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the G.P. or specialist involved if it is felt to be helpful.
- There is a large range of medication and devices for administering it. Ensure that the individual is fully acquainted with their individual devices and how to use them. Some require storage in dry areas.

Diabetes

Diabetes is due to a deficiency in the hormone 'insulin', which is normally produced by certain cells in the pancreas. As a result of the deficiency, sugar in the form of glucose builds up in the blood stream and appears in the urine. There are two types of diabetes. Type 1 and Type 2.

Type 1

Type 1 diabetes develops if the body is unable to produce any insulin. This diabetes of this type usually develops before the age of 40. Of all people with diabetes, 5-15 % has type 1; this makes it the least common of the two main types.

Type 2

Type 2 diabetes develops when the body can still produce some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In the vast majority of cases, this is linked to being overweight. This type of diabetes usually appears in people over the age of 40, although in South Asian and African-Caribbean people it often develops over the age of 25. Recently, more children are being diagnosed with the condition, some as young as seven. Of all diabetics 85-95% have Type 2 diabetes this makes it the most common of the two main types.

Living with Diabetes

Diabetes cannot be cured but you can control the symptoms in order to prevent health problems developing later on in life.

Day by day health management needs frequent monitoring by all concerned. Regular physical checkups, with urine and blood tests are the rule.

Glucose or blood sugar levels need to be regularly checked in diabetes. This can be done using a simple finger prick blood test. Ideal glucose blood levels varies from person to person and it also varies through the day, the normal blood glucose level is between 4 and 7 millimols per litres, and less than 10 millomols per litre two hours after eating.

Insulin cannot be taken by mouth, it is a protein that would be broken down by the stomach and therefore it has to be injected. In most cases, the equipment will be an insulin pen rather than a syringe. Most people need between 2 and 4 injections a day.

Meals and snacks should be eaten at regular intervals as discussed with the individuals parents/guardian/carer and dietician. Eating at regular intervals maintains stable blood glucose levels. There is no special 'diabetic diet' as such; individuals should eat healthy food, low in fat, salt and sugar including plenty of fruit and vegetables. A regular intake of starchy carbohydrate food is important. Many famous people have diabetes including some sports stars.

Control of type 2 diabetes usually involves making dietary changes, losing weight and taking regular exercise. Some people may also need to take medication or have insulin injections.

Diabetes

Advice for Scouters

Scouters must be thoroughly acquainted with the individual, their parents/guardians/carers and how their diabetes is controlled. As young people grow, their requirements change and Scouters need to keep themselves updated; this may involve knowledge of how to test the blood or urine.

Ensure that the appropriate routine regarding injection, meals and exercise is followed. If unaccustomed exercise is to be undertaken, it is advisable to take extra starchy food beforehand. A little too much is better than risking a hypoglycaemic incident (sometime called a 'hypo'). Maintain a regular look out for infection on hikes and camps. Blisters, cuts and injection sites may serve as entry points for germs. If someone with diabetes becomes generally unwell, seek medical advice early.
Special care and consideration are necessary when planning adventurous activities in remote areas.

Scouters will need to be fully acquainted with the nature of the individual's condition and how it is controlled. Before undertaking any form of prolonged activity, i.e. outings, camps or holidays, discussions should take place to ascertain what regular routines should be followed with regard to diet and health care generally.

Hypoglycaemia

Hypoglycaemia 'a hypo' is the most common short-term complication of diabetes and occurs when the blood glucose falls too low. Hypo are more likely to occur towards mealtimes, during or after session of increased activity or if a meal or snack has been missed. Blood glucose levels fall because;

- Too much insulin has been given
- Not enough food has been eaten
- More exercise has been undertaken than usual

A hypo happens quickly but most individuals will have warning signs to alert them. These are:

- Trembling or shakiness
- Sweating
- Tingling of the lips
- Glazed eyes
- Pallor (paleness)
- Anxiety or irritability
- Fast pulse or palpitations
- Mood changes-especially angry or aggressive behaviour
- Lack of concentration
- Vagueness
- Drowsiness
- Hunger

It is important to treat a hypo quickly. If the blood glucose level is left to fall the individual could become unconscious. The individual should not be left alone nor should they be sent to get food or treatment.

Providing they are able to swallow, you can offer a sugary drink (non-diet), glucose tablets or fruit juice. If they are reluctant to drink an alternative is to massage Gluca Gel inside their cheek. After having something sugary, it is advisable to eat a longer-acting carbohydrate food such as a few biscuits or a sandwich. Always make sure you have consulted the individuals' parents/ guardian/ carer to confirm treatment in the event of a hypo. If an individual becomes unconscious, get medical help urgently.

Hyperglycaemia Hyperglycaemia or Diabetic Coma occurs when the blood glucose get to high. This can happen if:

- Doses of insulin are missed out
- A large excess of food is taken
- An infection is contracted

This condition is less common and has a slower onset-sometimes over several weeks, but can result in a diabetic coma requiring urgent hospitalisation. The individual may say that they feel thirsty or unwell and may have symptoms that suggest an infection. Others may notice excessive drinking and visits to the toilet. As the condition, progresses the individual will appear ill, drowsy and their breath will carry a sickly sweet smell 'like pear drops'.

Early medical attention is essential. Hospital treatment involves replacing lost fluid and increasing insulin levels. Scouters must recognise that in young people with diabetes, control of their disease often becomes the subject of rebellion as part of their adolescent process. For a while, individuals may become careless, even foolish over diet, injections and their tests. This can cause additional problems and requires a good deal of understanding and discussion especially if adventurous activities are being contemplated. Supplies of insulin may need refrigerated storage. Correct storage and disposal of needles and syringes is necessary. If the young person cannot inject himself or herself, it will be necessary to organise someone to do this.

Discuss with the individual and /or their parents/guardians the extent to which help is
Needed and learn any practical tips that they have to offer.

Hyperactivity

What is hyperactivity?

It is a state of excessively stimulated activity where the child is in a constant state of 'over stimulation' and their whole system seems to be permanently 'on the go'.

Many suggested causes include parental pre-birth smoking some food additives and environmental factors such as lead levels in the air. There seems to be a link in some cases between hyperactivity and families with a history of allergies, asthma or hay fever.
In some cases, simple adjustments in diet can significantly limit the effect.

An individual who is hyperactive will appear to be in a constant state of over excitement, be on the go the whole time, be restless, unsettled, wanting to move about, and run instead of walk.

This inability to keep or sit still can have consequences for the child's schooling and can be especially wearing for all adults who are in contact with them. In severe cases, the state continues until the child is tired out by its own activity, yet still unable to relax. Any extra excitement can quickly trigger the hyperactive state.

The hyperactive child tends to need less sleep than others do, the late nights and early mornings create further stress on the tired adults.

Advice for Scouters

You need to create a safe and orderly environment within your regular meeting with a safe and supervised 'time out' spot, to enable the individual space and time to calm down when you need to remove them from an escalating situation.

- Ensure that during meetings, outings or camps you do not inadvertently provide any triggers in the form of food or drink.
- Many individuals who are hyperactivity display extreme attention seeking behaviour, such as defacing or destroying another person's possessions. Although these need to be recognized as, undesirable removing attention rather than prolonging has proved to be effective in the long term.
- Some situations such as large crowds or noisy places can provoke an unpredictable reaction either creating more excitement or frightening the individual into a subdued inward state.
- Particular attention needs to be paid to safety wherever you are. Although an individual who is hyperactive may understand simple precautions such as road safety rules, they may not be able to carry them out.
- You will need to ensure that the safety aspects of your activities have been examined. How easy is it for example for an individual to run out of the door and onto the road? Or for one young person to push another into a campfire.
- Patience is a key word; therefore, it is important to keep calm.
- Discuss with the individual and /or their parents the extent to which help is needed and learn any practical tips they have to offer; including finding out if, there are any known triggers.
- Some young people may be diagnosed with (ADHD or ADD).This is a particular condition needing careful, expert diagnosis and you will need to be aware if this diagnosis has been made.

Autism and Asperger Syndrome

Living with Autism

Autism and Asperger Syndrome are just two disorders within the range of Autistic Spectrum Disorder. Autism is a life long developmental condition, that affects the way the brain uses the information it receives and this results in difficulties with communication and relating to other people.

There are a number of other medical terms used to describe the condition, and sometimes it exists as part of another disorder. You cannot tell an individual has Autism by looking at them. Autism is not infectious and others cannot catch it by contact or association. Asperger Syndrome is usually used for those are at the higher functioning end of the autism spectrum. Individuals may have better language development and be more willing to make social contacts.

At the moment, no one knows the cause and there is no known cure, but different ways of working with an individual with Autism can make the condition worse or better. People with Autism have difficulty in making human contact, particularly eye contact. They also have a tendency to fix on inanimate objects.

An individual with Autism may swing from being excessively loud and noisy to very quite and withdrawn. They may kick and pinch others out of frustration for no apparent reason.

Some individuals can be very gifted at drawing or playing a musical instrument but may find it difficult to do anything that requires social interaction.

Communication and language problems are some of the main difficulties encountered, which can affect meaningful speech, reading, writing or sign language. Often an individual with Autism will repeat back sounds or conversations, which can give the impression that they have understood more than they actually have. The individual may have difficulty in knowing when to interrupt or when not to call out, laugh or shout. A family may find that a child with Autism has a very different sleep pattern to their other children perhaps always waking at 5am, being wide-awake, and wanting to do something.

Advice for Scouters

Scouters need to be thoroughly acquainted with the individual and their parents. It is important to establish a level of trust that will allow the problems to be openly discussed

Keep instructions simple and do not assume they have been understood. You may have to help in a game until the individual starts to understand what is going on.

An individual with Autism will often copy others, so if you shout they may shout more. Other young people may start copying the noises made and this will only make the problem worse.

They may also show a number of other habits such as hand flapping, opening and closing doors, walking round a chair before sitting down, or even head banging or biting. In such cases, you need to talk to the parents to find the best way of handling the situation.

Talk to the parents to see if there are any activities that may help to quieten an individual down if they are over excited. This might be drawing, cutting out, doing a jigsaw or even washing up.

There is no reason why an individual with Autism cannot join the Scout Group, the range of activities and experiences offered may help them to reach their full potential.

Scouters must be aware that it may make a difference to the way they run their activities. An essential step is to have a full and honest discussion with the parents to identify all the issues before you start.

It is worth discussing the normal pattern at home to find out how long the individual sleeps, if they only sleep six hours remember that if they go to bed at 10.30pm they may be wide-awake and wanting to run around the campsite at 4.30am.

Find out if there are any special routines in use at home and school which you could link with. You may find that life is very ordered, or there is a special way to give instructions such as "First we wash then we change for bed".

Like many young people an individual with Autism, may wander off from a Scouting activity. There are however a couple of problems to be aware of.

- If there communication is poor, they will not be able to ask for the way back if they get lost.
- They may not remember basic safety rules such as how to cross the road.
- A discussion with the parent will identify this problem at home, so at least you are prepared.
- At camp, you may wish to explain to anyone camping nearby that if they see the individual wandering around can they bring him/her back to you.
- Some individuals with Autism may carry some identification explaining their condition when they are out so that if they get lost anyone finding them would know where or who to contact.
- As with many children, there may be no sense of danger. However explaining dangers does not mean necessarily that they have understood them, so you may need to watch them carefully.

Epilepsy

What is Epilepsy?

Epilepsy is a chemico- electrical disorder of the brain (rather like a short circuit). Individuals with epilepsy usually experience fits or seizures.
Epilepsy is not infectious and others cannot catch it by contact or association! Nor is it a mental illness.

You cannot tell an individual has epilepsy by looking at them. At certain times, for example when the condition is initially diagnosed, the correct dosage of the medication has to be adjusted. This may result in seizures still occurring or lethargy, which passes once the balance, is found.
If someone is going through this stage of adjustment to their medication, they are unable to drive until the condition has been stabilised. A person who has suffered and epileptic attack whilst awake or asleep must refrain from driving for at least one year from the date of the attack before a driving license may be issued.
The causes of seizures are not always known and occasionally something will trigger one off for the first time. Some 'triggers' are common to many individuals with epilepsy such as flashing lights or the flicker of a computer screen or sunlight through trees.
There are over forty different types of epileptic seizures. Seizures can be classified as partial or generalized-partial seizures involve epileptic activity in part of the brain and generalized seizures involve the whole brain.

Generalised Seizures

- Generalised seizures involve the whole of the brain and consciousness is lost. The seizures may then take one of the following forms.
- Tonic Clonic is the most common. The person goes stiff, falls to the ground, their limbs jerk, after which they may become still before regaining consciousness.
- Tonic seizures result in all the muscles contracting. The body stiffens and the person will fall over if not supported.
- Absence seizures (previously called petit mal) appear to onlookers that the person is daydreaming or switching off. However, in an absent seizure the person cannot be alerted or woken up, they are shortly unconscious and therefore very unaware of what is happening around them. These seizures occur most commonly in children between the ages of 6-12 (girls being more prone than boys are).
- Atonic seizures (sometimes called 'Akinetic') are the opposite of Tonic seizures. The muscle tone is lost and the person drops to the ground, sometimes called 'drop' attacks. When the body goes limp it inevitably falls to the floor. There is a risk of head injury when the individual falls.
- Myocloni seizures are abrupt jerking of the limbs. Myoclonic jerks occur most frequently in the morning. Although the seizures are brief, they can be extremely frustrating, resulting in spilt drinks or similar accidents. As in absence seizures, the person is not conscious, but the seizure is so brief that the person appears to remain fully conscious. Some people who experience these seizures have Juvenile Myoclonic Epilepsy.

Practical Tips

Scouters must be thoroughly acquainted with the individual, their parents and how their epilepsy is controlled. As young people grow, their medication may change and Scouters needs to be aware of this.

- Find out what you need to do in the event of an emergency.
- Special care and consideration are necessary when planning adventurous activities such as:
- Swimming – follow the Association's rules regarding swimming.
- Boating activities – the life jacket used must keep an individual's head supported whilst in the water.
- Skin Diving – requires medical permission.
- Rock Climbing and Caving – as above.
- Cooking – activities using any source of heat can prove dangerous during a seizure so close supervision is essential.

What else do I need to know?

Scouters will need to be fully acquainted with the nature of the individual's condition and how it is controlled including what medication to administer in case of prolonged seizure or before undertaking any form of prolonged activity, i.e. outings, camps or holidays. Discussions should take place to ascertain what regular routines should be followed with regard to medication.

A seizure will have a rapid onset. The individual may say that they feel 'fitty', weak or 'funny'. This is sometimes referred to as an 'aura'.

Make sure that you find out:

- If there are any warning signs
- What happens during a seizure
- How long it usually lasts
- If there are any known triggers
- How long the recovery period lasts
- Whether the individual has a medical protocol that should be followed in the event of a seizure. (The protocol will usually detail the types of seizures the individual has and what actions to take in each case, including the amount of time that can lapse before administering medication).

First Aid for Seizures

- Avoid preventing them from falling if this would put you at risk of injury but try to move objects out of the way to avoid harm.
- Note the time that the seizure started and record the length of time as accurately as possible.
- Cushion their head with something soft, your arms if nothing else is available.
- Do not attempt to restrict their jerking movements.
- Do not put anything in their mouth

- Leave them where they have fallen, unless they are in danger.
- Allow the seizure to run its natural course – there is nothing you can do to stop it.
- Give lots of reassurance during the seizure, as often they are frightening experiences.
- Once the seizure is over, place them in the recovery position – it will help them breathe.
- (During seizures the individual is likely to be unresponsive, with little regular eye movement or response to stimuli – this is regained when they come out of the seizure and eye contact can be sought).
- Do not leave them until they are fully recovered. This time varies from person to person

Call for an ambulance:

- If injury has occurred
- If the seizure does not stop after five minutes if no other time is stated in their protocol.
- If one seizure follows another without them regaining consciousness
- If you feel, they need medical attention.

Following a seizure there will be a period of drowsiness and confusion during which you will need to give reassurance.

Scouters must recognise that in young people with epilepsy, control of their condition often becomes the subject of rebellion, as part of their adolescent process. For a while, individuals may become careless, even foolish, over their medication. This requires a good deal of understanding and discussion especially if adventurous activities are being contemplated. An individual's epilepsy is also likely to change through puberty and adolescence as their brain develops and undergoes changes. Keep up-to-date with latest changes in medication and seizure patterns.

It is also important that you are able to produce an accurate description of the event, what the individual was doing at the time – possible triggers, a description of the seizure and the duration to inform the parents and as potential information for practitioners.

Further Information

Discuss with the individual and/or their parents/guardians/carers the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or specialist involved if it is felt to be helpful.

Down Syndrome

What is Down Syndrome

Down Syndrome was first identified in 1860 by Dr. Landon Down, who noticed a number of people in institutions, had similar physical characteristics. Down Syndrome is not a disease. People do not suffer from it, nor are they victims. Down Syndrome is a genetic condition. As the word syndrome implies, it is a collection of common characteristics that is evident not only physically, but also by a degree of learning disability. Down Syndrome is caused by the presence of an extra chromosome 21, hence the classification Trisomy 21. Chromosomes are in simple terms the 'building blocks' that give us our individual characteristics, for example, blue eyes, blonde hair etc. Similarly, people with Down Syndrome, who share this extra chromosome, also share common physical features.

It is important to remember that, however similar young people may look at first glance, they carry family likenesses that become obvious very quickly. It is vitally important to remember that the shared traits are no indication of future ability, or capability to learn.

Living with Down Syndrome

- Hearing – Many young people are prone to colds and infection. They have reduced nasal cavities, which contribute to this because of the increase in catarrh. This in turn can affect hearing that if left untreated can lead to problems with learning. It is therefore vital to ensure instructions are given clearly, simply and face to face.
- Communication – Young people with Down Syndrome generally have a small frame, the nasal passages and the sinuses are smaller and the roof of the mouth is small and high. The tongue is often thicker which can result in difficulties in keeping it inside the mouth. This can affect breathing and articulation, which can lead to speech difficulties.

Expressive language is of vital importance to any young person and no less to one with Down Syndrome. Great patience is required to ensure that there is no discouragement from attempting to speak. Always listen carefully and ensure that opportunities are given for attempting to answer questions

- Eyesight – Visual aids are great assistance. Because of the small or absent bridge of the nose the young person may find if difficult to keep their glasses on.
- Mobility – Mobility is not generally a problem with young people with Down Syndrome unless they have multiple disabilities.

However, the muscle tone is often looser and this can lead to difficulties with co-ordination and gait. Jumping, hopping, skipping and running may be difficult, but they should not be discouraged from joining in games and activities.

- Diet – Most people with Down Syndrome have excellent appetites but obesity could cause serious problems, therefore a good diet should be encouraged. Some individuals have difficulty in chewing food and may need extra time to finish meals.
- Heart Problems – some young people with Down Syndrome have heart problems of varying severity. Liaison with the parents or carers who will know what to do is essential.

Down Syndrome

General – One of the most difficult misconceptions to live down for anyone with Down Syndrome is that they are always loveable and affectionate. Some are, some are not. Scouters must be aware of physical contact i.e. cuddles and take every precaution to avoid misinterpretation by others, sensitive discouragement is required.

All young people, on occasion, having annoying irritating habits, behave badly and are disobedient or easily distracted. Those with Down Syndrome are no different.

It must be explained that although the list of physical needs may seem daunting, not all young people with Down Syndrome have all the problems at once, if at all. Many will have learnt to deal with the problems in they own way. Learn from the individual by being with them and together you will be able to bring out the best. Obvious benefits will accrue from keeping in close contact with the family and keeping them informed of the young person's progress.

Visual Impairment

Visual Impairment covers a range from someone who would not pass the sight component of the driving test or would not be able to read standard print/ recognise a friend across the street all the way through to people who are registered blind. This information helps to dispel the myth that blindness means not seeing anything at all. Along with the range of sight impairments there are also a range of causes, for example, some people have blindness or partial sight from birth, some develop it as part of another condition and some through illness. Accidents can also result in loss of sight. Being partially sighted can mean distorted vision, an inability to distinguish between shapes or colours and blurred sight.

Living with visual impairment

Most of us have a degree of partial sight that in many cases is overcome by wearing glasses or contact lenses. However, a number of people have more specific or profound difficulties with sight. Problems can be encountered within the areas of literacy, understanding and communication. This can unfortunately lead to a number of other problems such as teasing by others and related behavioural traits.

Some young people with blindness or partial sight may need to attend a special school or unit. Others may have a different form of provision, such as large print books or a specialist teacher. Special schools usually have a wide catchment area and individuals often travel away from their own neighbourhood in order to attend. Scouting offers an opportunity to make friends close to home that might otherwise not exist.

Where sudden loss of sight occurs, a great deal of support will be needed especially during the period of 'coming to terms' with blindness or partial sight.

Practical Tips

You will have to consider a range of ways of explaining activities or giving instructions. An individual with a visual impairment relies heavily on their memory and mental images of their surroundings. You will need to inform them of any changes of position of large objects at your meeting place, and to arrange a guided walk around new venues for those with severe visual loss.

There are a variety of aids available, such as magnifying lenses, large print publications, Braille transcriptions, audio descriptions, electronic reading acids and screen readers,

During many activities, verbal clues and a 'running commentary' from a friend will be necessary. This will include important information such as directions and obstacles e.g. steps and slopes. Producing aids as a part of your programme will ensure that they are not only available but also relevant to the particular individual and their needs.

Visual Impairment

What else do I need to know?	Particular attention needs to be paid to safety wherever you are. Remember that any simple obstacles at ground level can be dangerous if you fall over it. The tidiness of your meeting place is very important. The vast majority of people with sight problems are aged over 65. With this being so, you may need to think about ways in which you communicate to parents and other Scouters. Find out if there are any specialist aids available, e.g. a Braille compass, which could be used in Scouting activities.
Further Information	Discuss with the individual and/or their parents the extent to which help is needed and learn any practical tips they have to offer. If special educational provisions have been made for, the individual ask for permission to approach the school or college involved for any further tips they may have.

Hearing Impairment

Hearing impairment describes a range of conditions. These may vary from slight or fluctuating hearing loss to total loss of hearing (deafness). The term 'hearing impaired' should be used in preference to 'deafness'.

There are two major types of hearing impairment although sometimes both types occur together. The most common is conductive hearing loss that may occur through a blockage of the ear canal, damage to the eardrum, or blockage or damage to the middle ear. The condition is often intermittent and varies in severity. It usually responds well to treatment.

The other type is sensory-neural hearing loss. It may arise though damage to the cochlea (inner ear), auditory nerve or to parts of the brain involved in interpreting sound. It has a number of causes such as damage before or at birth or a condition such as Cerebral Palsy, or may be inherited.

Living with hearing impairment

Some people with a hearing impairment wear a hearing aid. For some it may be an uncomfortable experience and sounds heard can be distorted and unpleasant to listen too. Hearing aids do not discriminate but amplify all the sounds in the area and not solely the sound that the listener wishes to hear.

If a young person has not learnt to speak before any hearing loss occurs, they may encounter language difficulties as they have not heard the sounds which they wish to make. This can make understanding their speech difficult.

Practical Tips

- You will have to consider a range of ways of explaining activities or giving instructions. Otherwise, misunderstandings of instructions or discussions will arise.
- An individual with a hearing impairment relies heavily on visual clues, and will need to watch others, particularly their faces to aid understanding. They may need to lip read or to follow others' actions.
- You must be aware that they may become inattentive when people are speaking, owing to a difficulty in following speech. They may have difficulty in noisy conditions e.g. when many people are talking at the same time, or when playing a noisy game.
- You will also need to be aware that to take part in a noisy activity, the young person with a hearing impairment may find it more comfortable to turn their hearing aid off. If this is their regular practice, you will need to ensure that it is turned on again afterwards.
- During many activities, visual clues may be necessary, so you will need to make sure that these are clear and when changing from one speaker to another that the listener is directed to face whoever is talking.
- Some young people may need to use other aids such as 'signing' to help their communication. You will need to check with the person concerned as they may well have developed their own range of signs.

- Depending on the type of hearing impairment, speech may be difficult for you to understand, this will become easier as you get to know the young person concerned. Do not forget, that to the individual concerned what they are saying makes perfect sense.
- Frustration can arise when an individual fails to make themselves understood, these feelings ca n be compounded by teasing or lack of understanding from others. This can lead to agitation, withdrawal or disturbed behaviour.

What else do I need to know?

Particular attention needs to be paid to safety wherever you are. Remember that warnings that rely on hearing, such as fire alarms, shouted instruction, or car horns may be ineffective. You may find it useful to pair the young person up with a hearing 'buddy'.

Further information

Discuss with the individual and/or their parents the extent to which help is needed and learn any practical tips they have to offer. They may be able to arrange for you to have a chat with their teacher of other support worker from school if it is felt to be helpful. Find out with forms of communication are used and if necessary learn some key basic signs.

Learning Difficulties

Imagine having important needs and ideas to communicate but being unable to express them. Perhaps feeling bombarded by sights and sounds, unable to focus your attention. Or trying to read or add but not being able to make sense of the letters and numbers. You may not need to imagine. You may have a young person in your Scout Group who is experiencing academic problems, or have someone diagnosed as having a learning disability.

What are Learning Difficulties?

Learning difficulties can be used to describe a range of problems, which arise from a number of causes. Obviously, anyone who has a problem with learning will need extra help and patience from everybody whilst undertaking any activities. Difficulties encountered can range from gaps in learning to severe conditions where even the simplest tasks or activities present an impossible mission.

What are Learning Disabilities?

A learning disability is a permanent condition that cannot be cured. It affects an individual's level of intelligence and this often means they need support to operate within society. Individuals with learning disabilities are generally slow to acquire knowledge and skills and in some cases, quite basic life skills may elude them. However, with special education, help and support, they can achieve a great deal and many young people participate in local community activities such as Scouting. The most commonly know sever Learning Disability is Down Syndrome.

A learning disability is sometimes confused with a learning difficulty such as dyslexia, which affects reading and writing. It is not a disease that can be caught or cured, nor is it a mental illness. Like other people, those with learning disabilities display a wide variety of abilities and limitations and there is no substitute for getting to know each individual well.

Living with learning difficulties

Everyone has to cope with learning challenges on occasions, but it is the point at which such challenges become a problem in everyday life that they can be termed as presenting learning difficulties and special help is needed. Problems can be encountered within the areas of literacy, understanding, communication and concentration. This can unfortunately lead to a number of other problems e.g. lowered educational performance, teasing by others and related behavioural traits.

Some young people who experience-learning difficulties may need to attend a special school either for those with moderate learning difficulties (MLD) or severe learning difficulties (SLD). Others may have extra provision within their own mainstream school. There will be a larger group that has no special provision other than the patience and understanding of others around them and perseverance on their own part.

Special schools usually have a wide catchment area and individuals often travel away from their own neighbourhood in order to attend. Scouting offers the opportunity to make friends close to home, which might otherwise not exist.

Learning Difficulties

Practical tips

Obviously, knowing the capabilities and skills of the individual concerned is essential. Opportunities will need to be provided for using such skills. You will have to consider a range of different ways of explaining activities or giving instructions, for example, using simple verbal or pictorial aids. Everyone responds to positive attitudes and encouragement and this is especially so of those with learning difficulties. Scouting offers opportunities to experience companionship and success both as an individual and as a member of a team. You may have to work hard to make this happen even when this appears to present a challenge.

For some activities, working in pairs rather that individually or in larger groups will overcome many potential difficulties. Hopefully this can take place in the local Scout group but could also be in a specialised group that caters for members with more severe/complex special needs. Specialist groups are often, though not always, based in schools and colleges catering for young people with disabilities.

What else do I need to know?

You will need to be particularly aware of what is 'going on' at all times, as there is no guarantee that something once learnt, such as crossing a road will be correctly repeated. Your programme planning will need to take account of the concentration span required and additional shorter activities may be necessary. You must adapt your expectations of the individual by using your knowledge of them, rather than relying on your experience of others of the same age, which may differ.

Further Information

Discuss with the parents and/or the individual the extent to which help is needed and learn any practical tips they have to offer. If special educational provision has been made for the individual, ask for permission to approach the school or college involved, for any further tips they may have.

Literacy and Scouting

More than any other single skill, the ability to read – and read well – allows a child to succeed in school, learn about the world, function in society, and someday have good job options. Literacy is simply the ability to read and write. There are a number of reasons why a young person might be illiterate, and this fact sheet will highlight some of these and ways in which you can cope with it as a Scouter. Literacy can cause problems for adults too; it is something to be aware of when dealing with new Scouters.

Related Difficulties

Young people who have difficulties in reading and writing may also have difficulties in other activities including:

- Not knowing right from left (directional confusion).
- Judging distances (spatial awareness).
- Following verbal messages
- Telling the time, number activities
- Tying shoelaces and knots (co-ordination).
- Finding and saying the right word
- Copying things down.

They may also use immature speech and have poor concentration, organisational skills and self control. Scouters should be aware that behavioural problems might be due to such difficulties rather than deliberate 'naughtiness'.

Producing resources

In Scouting communication usually uses written text e.g. letters, newsletters, magazines and books. For many people this is not a preferred form of communication. It is therefore very important that when you produce written material the message you are trying to get across is clear. It is also important that it have a clear and simple design.

- Below are some simple guidelines, which will help you to produce material that is appropriate and easy to read:
- What is the reading age of the materials?
- Keep sentences short
- Use familiar words
- Avoid unnecessary words
- Are there visual icons or pictures to reinforce the meaning?
- Use terms the reader can picture.
- Write to express yourself, not to impress.
- Is there an option for present the information in different formats – pictures, using bullet points?

Literacy and Scouting

Practical Tips

- If you do any activities, which require reading, put young people in pairs.
- Try not to rely on written word only e.g. accompany words with pictures where possible.
- Make sure you have made sure young people understand any written information e.g. by getting them to repeat information back to you.

Further Information

Discuss with the parents the extent to which help is needed and learn any practical tips they have to offer. They may also be able to arrange a chat with their teacher or others helping them.

Speech, Language and Communication Impairments

Speech, language and communication impairments (SLCI) are difficulties an individual has in the way they communicate with others or how others understand them. There are various types of SLCI that can occur singly or in combination with other special needs. The causes can also vary – in some cases it is a 'primary disorder', this means that there is no obvious 'other cause' for the impairment while a 'secondary disorder' means that the problem with speech, language or communication is caused by something else such as an accident, condition or disease.

The most common problems occur with basic communication in that this is a two way process and depends both on clear expression on the one hand and full comprehension on the other. Where a SLCI blocks either of these factors, a breakdown in communication can occur. This can result wither in the basic gist of a conversation being understood while details remain unclear, or in extreme cases the opposite meaning to that intended being drawn, due to a misunderstanding of a few vital words, facial expressions or gestures.

A common misconception is that a SLCI suggests a lack of intelligence. Often those with communication difficulties have alternative methods of expressing their thoughts, feelings and ideas. Explore with the young person, and their parent/guardian or carer different methods used to get the message across to aid with communication.

Common forms of SLCI include:

- **Articulation** – arising from difficulties in forming sounds. This can result in great frustration to all concerned.
- **Fluency** – often called stammering or stuttering. This can take a number of forms – repeating sounds or words, stretching them out, or speaking in a rather jerky way.
- Difficulty in understanding and using the rules of conversation – this may impact, for example, on finding difficulty taking turns, or entering or leaving a conversation, being able to make eye contact appropriately, or interpreting facial expression of others.
- Repetitive and expressive language may be affected. Repetitive language describes the ability to understand or comprehend language that is heard or read. Expressive language describes putting thoughts into words or sentences that make sense and are grammatically accurate.
- When the problem is severe, normal communication may be totally disrupted. This may be most noticeable in front of strangers, or when the person is conscious of the attention of others. It may lead to the individual trying to avoid some speaking situations altogether. Teasing by peers is common.

Facts about SLCI

- There are 2-3 children in every class with SLCI
- 50% of those with SLCI will present behavioural difficulties
- 6 in every 100 children have SLCI with 1 in 500 experience long term severe difficulties
- 10% of young offenders are reported to have significant SLCI that may not have been fully recognised.

Living with a SLCI

A young person with SLCI may:

- Be misunderstood
- Be thought to be rude
- Exclude themselves from activities
- Attend once and not come back
- Be isolated
- Be at risk of being bullied
- Be taken advantage of socially/sexually
- Risk-take so they can be included – drink/drugs/sex
- Be 'caught' as they do not have the skills to get out of a situation or predict when it is going wrong.

Some individuals may work on programmes tailored individually by Speech Therapists, either at home, hospital or school, or a combination of these. In severe cases, alternative methods of communication may be used involving sign language or electronic aids.

Practical Tips

Stress and attention can exacerbate a SLCI and the best results can be gained by providing as relaxed an atmosphere so that those concerned can feel confident about speaking. Obviously, any form of teasing compounds the effect of their condition. Make others in the group aware of the need to allow time for everyone to speak without highlighting the SCLI difficulties of individuals. Patience is the key word!!!! Leave time for speech to be thought about and articulated. Do not let others jump in with answers too quickly!

Stammering

If too many speech demands are put upon the individual, a stammer can become more pronounced. Stammering can develop with some individuals who are very sensitive to failure or have low self-esteem. The experience or loss of control while speaking can be embarrassing for most people, but when it happens persistently, it can become humiliating for some making them feel isolated and lonely.

Someone who stammers may find it difficult to approach others either to ask questions or just for a chat. It may be difficult for them to initiate conversations with their peers and any embarrassment may limit their verbal contact with others. This may result in them seeming shy, insecure, alternatively surly or uncommunicative. Patience, understanding and getting to know the individual are the best ways to make the individual more at ease here. Providing opportunities to talk in small non-threatening groups can relieve many of the stresses, which make the stutter worse.

Failure with speech can overshadow other achievements and lead to lower esteem. Ensure that recognition is given for success or competence in other areas, which both encourages and redirects attention positively away from the speech impairment and onto the person. It may seem ironic, but many individuals with speech impairments, especially stammering, can excel in drama or puppetry. Once the attention is drawn away from them as an individual speaking and onto the character they are playing some individuals find a release, which allows for improved fluency.

Some ways to improve communication

- Find out what alternative form of communication he/she may use.
- Offer opportunities for written communication.
- Look directly at the individual when talking to them with your face at the same physical level as theirs.
- Speak using language that can be easily understood and repeated back, if necessary.
- Reduce the number of questions asked, allowing time for individual, short answers.
- Give time for explanations or responses.
- Be aware of the speed of your own speech – if it is too rapid, you may need to slow down a bit yourself.
- Be encouraging, stammering can undermine confidence so that this becomes more important than other strengths – make sure positive focus is given to these.
- If any important communication is being given, get young people to repeat it back to you to ensure understanding; do not just take a nod as confirmation of information being taken in.
- Be sensitive to the size of teams and groupings those with speech impairment often find large groups of people daunting.

Further Information

Discuss with the individual and/or their parents the extent to which help is needed and learn any practical tips they have to offer. They may be able to arrange a meeting with a speech or language therapist.

Dyslexia

What is Dyslexia?

The word literally means 'difficulty in reading'. It is sometimes called 'word blindness'. Individuals with dyslexia are usually of average or above average intelligence, but tend to have specific learning difficulties with reading, spelling and writing, in addition, arithmetic and musical notation are sometimes affected. The condition is more common in boys than in girls. The degree of severity varies considerably.

Living with dyslexia

A Scouter may only learn of the condition when they hear that the young person is not managing very well at school, or they notice that there is a poor response to instructions during meetings, in particular when these are written. Individuals may have difficulty in appreciating left from right that will cause some difficulty in following directions. Some have problems with 'handedness' and can be awkward or clumsy. There are others who experience little problem with reading etc., but nevertheless have difficulty with some physical activities as they are unable to co-ordinate movement easily and may drop and break things. Individuals can often become frustrated when they feel less able than their peers do when faced with tasks like reading and writing when they know that they can achieve just as highly in an oral task. Further frustration is caused when others do not appear to appreciate or recognize their difficulty. This then may lead to all sorts of problems including quick temper, aggression, loneliness and unpopularity.

Practical Tips

By providing patience and tolerance and by spending more time on a one to one basis with the individual concerned, the Scouter can provide a more realistic framework of expectations than might otherwise be available.

Encouragement to develop particular abilities and the resulting praise will lead to an increase in confidence. Scouting experiences can provide an opportunity for success that will break the vicious circle of failure, frustration and dejection.

There should also be the option at all times for directions or instructions to be given verbally rather than depending on the written form and conversely those who have difficulty with literary skills should have an alternative form of taking part in any activity which requires reading or writing, for example drawing pictures or working in pairs to allow dictation.

Obviously, sensitivity needs to be used. The type of activities undertaken by the group should be carefully considered as mapping, for example, may be difficult to learn because of all the signs and symbols involved. Also a Scouter would not ask a Scout to read a prayer if they have problems with printed text.

Discuss with the individual and/or their parents/guardian/carer the extent to which help is needed and learn any practical tips they may have to offer.

Clumsiness

Clumsiness is a tendency to drop items or knock against objects more often that most people. Clumsiness can occur through a variety of reasons; some will be temporary, some might be, as a result of other special needs e.g. cerebral palsy whilst others are more deep-seated and long lasting. Anyone can become temporarily clumsy through tiredness, excitement, anxiety, drink or drugs, illness or injury. Other more serious causes include brain damage, various diseases of the nerves and muscles, delayed maturation or physical limitations.

Living with clumsiness

Most of us experience a degree of clumsiness at some time or another resulting in a broken cub whilst washing up for example! For a small number of people the tendency to trip over or drop things frequently makes even simple tasks difficult. Frustration can arise when an individual fails to achieve a task which they see at simple but which their body refuses to complete. Teasing or lack off understanding from others can compound these feelings. A left-handed person trying to use items designed for someone right handed can appear clumsy. This can be overcome by ensuring that the correct equipment (e.g. left handed scissors) is available.

Practical Tips

- Obviously knowing the capabilities and skills of the individual concerned is essential. Opportunities will need to be provided for using such skills.
- During activities that require a certain amount of dexterity be aware that simple gadgets can make life much easier – try using thicker or different coloured cords for knotting or pencils with large grips when drawing for example.
- A common sense approach to potentially difficult games and activities ca prevent further frustration, for example, if playing a game involving the carrying of water, partly fill the container rather than have it brimming over!

What else do I need to know?

- Particular attention needs to be paid to safety wherever you are. Remember that any simple obstacle at ground or knee level can be dangerous if you fall over it. Tidiness will need to become automatic.
- Take extra care with activities, which although simple, may be potentially dangerous, such as cooking, fire lighting using an axe or saw!
- Extra time and patience will be needed, as any task requiring coordination will take practice.

Further Information

Discuss with the individual and/or their parents/guardians the extent to which help is needed and learn any practical tips they have to offer.

Bedwetting and Incontinence

Incontinence is the inability to control the functions of the bladder (Urinary Incontinence) and/or bowel (Incontinent of faeces or Encoparesis). Urinary Incontinence is a more common condition. Frequently it occurs only in bed at night (Bedwetting or Nocturnal Enuresis).

This can be caused by:

- During the early stages of development (e.g. in young children) there may some loss of control due to over excitement, lack of forethought, e.g. not using the toilet before going on a journey, or to bed, or from fear in unfamiliar situation, e.g. camp. Temporary or occasional incontinence may occur due to an infection, or during a fit.
- A few young people suffer permanent incontinence as a consequence of damage to the brain or spinal cord, e.g. spina bifida or following an accident.
- Bedwetting may be due to a number of causes from stress to lack of training. Sometimes there will be no obvious or apparent cause.

It is very common in Cub Scout and Beaver Scout age ranges. Usually, there is no underlying cause and it will resolve naturally with time.

Individuals with incontinence can feel guilty and withdraw into themselves. They can be rejected by others and may be open to ridicule by their peers. They may become isolated and depressed or develop other unusual behaviours. They may be reluctant to take part in activities with ‘others or refuse to go on camps or expeditions.

Practical Tips

If it happens, do not make a fuss.

All bedding and bed clothing must be inspected and aired daily as a matter of course, without drawing attention to any particular individual. A plastic bag or bucket with an airtight lid should be available for soiled clothing and bedding. Employ simple preventative measures, e.g. limiting drinks before bed. Appropriate toilet facilities must be available.

- Further discussion with the individual and their parents will identify:
- How independent the young person is
- How much help is needed and who will give it
- The source of supplies and medication necessary
- The facilities required for changing

For simple bedwetting, it may be possible to use short-term medication in either tablet or nasal spray form. Parents should be advised way ahead of camps to discuss this possibility with their doctor.

What else do I need to know?

It is vital to supply support both emotional and physical to any individual suffering form bedwetting or incontinence. All adults involved must ensure that they do not make the young person feel a nuisance or dirty.

In some cases, medication or further help may be needed to be able to control the condition. Away from home, special arrangements should be made for the washing of soiled clothing and bedding.

Dyspraxia

What is Dyspaxia?

Dyspraxia is an impairment or immaturity of the organisation of movement. Associated with this there may be problems of language, perception and thought.

Movement – Gross and fine motor skills are hard to learn, difficult to retain and generalise, and hesitant and awkward in performance.

Language – Articulation may be immature, impaired or under development.

Perception – there is a poor understanding of messages that the senses convey and difficulty in relating these messages into action.

Thought – Dyspraxic children may have difficulty in planning and organising thoughts and ideas.

Living with Dyspraxia

Some children appear to be poorly co-ordinated, disorganised, untidy personally and sometimes disorientated in respect to their physical environment, i.e. they get lost easily. Children with Dyspraxia find it difficult to put their ideas and thoughts on paper. They have problems settling down to tasks and often disturbing others before starting tasks.

Difficulties in handwriting are also prevalent. Many children have poor memory functions: they often have difficulty remembering where they left possessions, problems with absorbing and recalling information. Parents often report that a child has forgotten instructions. Some children have difficulty in amusing themselves and often show some loss of creativity in play and leisure situations. Children with Dyspraxia will often avoid any form of physical activity.

Practical Tips

The Scouter should let the Scout know they are interested in their difficulties. Praise wherever possible and help the scout to have moments of success. Emphasise what they can do, not what they cannot manage. Give them time to organise their thoughts and complete their task. They may need extra time for various activities.

Often their concentration span is limited, so it is important to gauge how long they can work easily. End the task before they lose concentration to prevent further frustration.

Further Information

Discuss with the individual and/or parents the extent to which help is needed and learn any practical tips they an offer.

Juvenile Arthritis

Juvenile Arthritis is a chronic disease of children causing pain, stiffness and swelling of the joints. It is also known as Still's Disease. There are several varieties that may affect many or only a few joints. One child in a thousand will suffer from a juvenile form of Arthritis.

Living with Juvenile Arthritis

The severity of the condition will dictate what individuals can do. Symptoms vary greatly from day to day; therefore, the ability to carry out tasks will vary daily.

- Often stiffness is most marked in the morning and therefore affected children may be slow to get involved in the activities of the day.
- The affected child may be more tired than average because of the disease.
- An affected young person may often need to wear splints on a joint. This rests an acutely inflamed joint and maintains the position of the joint to prevent loss of function.
- The affected individual usually needs to take regular medication, which may cause serious side effects.
- Relapses of the disease may occur from time to time leading to admission to hospital for prolonged spells.

Practical Tips

- More time may be needed for the young person to complete routine tasks.
- Many children do not admit when they are in pain.
- Body contact sports may need to be avoided.
- Children with Arthritis should be treated as normal. They should be given appropriate assistance to achieve independence. Social isolation may occur and adolescence may become a particularly difficult time.
- Many special devices are available to help with every day living, e.g. special cutlery, cup, pencils and toilet aids.
- Camping may be possible, but individual arrangements may need to be made such as provision of a camp bed as this may be more comfortable. Correct position during sleep can be important to prevent further damage to the joints.
- Before going away be sure to know, what medication is taken regularly and in what circumstances other tablets may be necessary.
- They may also need to continue with a regular programme of physiotherapy, which may require a Scouter's assistance. Swimming is often a beneficial exercise and should be included in an activity programme.

Further Information

If possible, discuss with the individual and their parents/guardian the extent of the disability to identify what help is needed and how to best provide this. If practical, the young person's parents/guardian might be able to arrange for you to have a chat with the GP or specialist involved.

Eating Disorders

No two of us are the same. We vary tremendously in shape, size and in our eating habits. The point at which our size or eating behaviour becomes a concern, a health issue or a practical problem is always difficult to define. This is an area, which requires tremendous sensitivity on the part of Scouters. Consider for a minute how sensitive you are about how this issue concerns you!

Obesity

Clinical obesity is often derived from a Body Mass Index (BMI) exceeding 30kg/m and is characterised by excess body fat. The causes of obesity can be partly genetic and partly related to diet, age and activity level. Some drugs or other medical conditions may cause obesity but this is rare in young people.

Obesity in increasing worldwide and is becoming the world's biggest health problem. Recent reports suggest that it may soon overtake cigarette smoking as a serious health risk. Long-term obesity is a risk factor for developing several chronic diseases including diabetes and hypertension.

How Does This Affect Young People?

Most obese young people are well aware of the limitations that their size imposes on them. Many of them will have encountered bullying or teasing as a result of being overweight and may have reacted by becoming reclusive, withdrawn and less willing to participate. Alternatively, young people may react by being moody, argumentative or exhibiting bullying behaviour themselves.

Overweight young people may have been denied access to activities or recreation as a result of their size, for example theme parks, canoeing or abseiling. They may suffer knock on effects as a result of their weight and be restricted by joint and muscle pain or be sort of breath during exercise.

Practical Tips

- Be sensitive to young people who appear to be overweight. Appreciate how they may feel about their size and other aspects of their life that may be affected by their size. Try to ensure that other young people do not tease, bully or pick on overweight young people.
- Be prepared to listen to young people voicing their worries about obesity and weight concerns. If necessary, direct them to where they may seek help – doctors or self-help groups.
- Try to anticipate activities or events that may prove difficult for overweight young people to participate in and discuss this with the young people and/or their parents.
- Avoid making personal comments or suggesting 'diet tips' as this may prove very offensive.
- Be aware of inappropriate behaviour patterns that may result from the young person's obesity where they may be a victim or perpetrator.
- Be aware that young people develop, grow and change shape at different stages. Those appearing slightly overweight may well lose any excess as they grow.

Eating Disorders

Bulimia and Anorexia Nervosa

Bulimia and Anorexia Nervosa are eating disorders. They are medical conditions that are characterised by an intense preoccupation with body weight and shape. People suffering from Anorexia will restrict their food intake to minimal level in order to loose and maintain a low weight. People suffering from Bulimia have episodes of uncontrolled overeating followed by induced episodes of vomiting. The two behaviours may alternate in the same individual. People with Bulimia Nervosa may be of normal weight. Both behaviours may be difficult to identify, as people may be extremely secretive about their eating behaviour.

It is estimated that 90% of people with Bulimia Nervosa and Anorexia Nervosa are women. Around 0.5% of adolescent women have Anorexia Nervosa and 1% have Bulimia Nervosa.

There are often complex social and psychological reasons underlying eating disorders. It can be very difficult to fully understand and help young people with eating disorders as there is no single 'cause' and many factors may play a part.

Many young people will experiment with diets in an attempt to lose weight. These may be perfectly safe short-term diets or can become very restrictive and long term. Dieting in itself does not mean that a young person has an eating disorder but in some cases, dieting can be a precursor to developing and eating disorder. It is important to keep some perspective regarding dieting.

Practical Tips

Try to provide balanced healthy meals with some choice when catering for young people.

Do not be alarmed if young people talk about diets or refuse to eat certain foods at events.

Try not to make an issue about somebody's eating habits.

Be prepared to listen to young people voice their concerns about diet, body weight, etc.

If you have concerns, regarding a young person's eating habits, it may be appropriate to consider having a sensitive chat with their parents or carers.

'I can't stop cutting myself. I don't feel alive any more. People pick on me and nobody talks to me – I feel like I'm invisible' (Linzi 15)

Self-harm describes a wide range of things that people do to themselves in a deliberate and sometimes hidden way. Self-harm can involve:

- Cutting
- Burning
- Scalding
- Banging or scratching ones own body
- Breaking bones
- Hair pulling
- Ingesting toxic substances or objects.

Self-harming is often a means of communicating what can't be put into words or even thoughts and has been described as an 'inner scream'. Self-harm does not usually mean that someone wants to commit suicide, but if a self-harmer is not helped, there is a risk the wish to hurt themselves could escalate into a desire to end their live.

Scouters should also be aware that self-harm may be a potential indicator of emotional abuse and should always check out any concerns they have around a young person who they know to be engaging in self-harm behaviour.

Why do young people self-harm?

The reasons for self-harm can be extremely personal, but it is often a sign of emotion that needs to be expressed. Young people who self-harm talk about their anger and frustration at things that are going on in their lives such as bullying, family tensions, exam stress, abuse, or the death of someone close.

'It feels good when I'm doing it, but then it hurts' (Lily, 12)

As with other problems, for example, eating disorders, depression, and substance abuse, young people who self-harm talk mainly about a loss of control over their lives. By bringing about injuries to themselves and causing pain, these young people seem to regain a sense of control and personal ownership.

However, self-harm provides only a temporary relief from problems and does not deal with the underlying issues.

Who is most likely to self-harm?

A UK study in 2006 into self-harm titled the National Inquiry into self-Harm among Young People found that in the UK, 1 in 5 teenagers had deliberately self-harmed. On average, this means that in every secondary school classroom there will be two young people who have hurt themselves as a means of coping with distress.

The study also showed that girls are four times more likely to have engaged in deliberate self-harm than boys. The majority of those who said they self-harmed said it was an impulsive act rather than something they had thought about for a long time.

'I cut myself when I feel sad, upset and alone' (Charlie, 14)

About half of those who cut themselves, and over a third of those who took overdoses, said that they had thought about harming themselves for less than an hour beforehand. This means that there is often little time for intervention once thoughts of self-harm have been fully formulated.

Myth: Self-harm is just a way of attention seeking.

Fact: Self-harm is a coping strategy. People self-harm because they are finding something difficult and painful. They could also be trying to show that something is wrong. They need to be taken seriously.

Myth: Self-harm is rare in young people.

Fact: Many people self-harm. There is lots of secrecy around self-harm and because many people do not talk about it, it is hard to know exactly how many are self-harming. The Royal College of Psychiatrists (1999) found that as many as 1 in 10 teenagers have deliberately self-harmed.

Myth: Young people self harm over trivial.

Fact: All self-harm should be treated seriously. People self-harm to different extremes as it is a coping strategy and everybody is unique. The extent of self-harm is not necessarily a reflection of the seriousness of the person's difficulties.

Myth: Once you have self-harmed you cannot stop.

Fact: People can self-harm just once of twice. Some use self-harm over a long period of time. The frequency of the self-harm varies. Many people do stop self-harming, but only when they are ready. This could be when they sort their problems out or when they find other ways to deal with their feelings.

Getting help

Young people who call help lines such as ChildLine about self-harm often say it is hard to stop and want to understand why they do it to themselves. Before contacting the help line, nearly half the callers had already told someone (such as a friend, parent or teacher) about the problem.

Young people told the National Inquiry into Self Harm among Young People, that often all they want is to be able to talk to someone who will listen and respect them, not specifically about self-harm but about problems and issues in their daily lives. Many said that had this been available to them they might never have started to self-harm.

There are a number of organisations that offer young people the chance to talk in confidence about what is happening in their lives. Details of helpful contacts are listed at the end of this fact sheet. These agencies help young people work out how they can stop their self-harming and suggest where they can go for further support and advice.

'I told my teacher, but I still couldn't stop doing it' (Macie, 14)

What happens if…?

When young people do disclose their self-harm, the feedback, both verbal and non-verbal, they receive can have a critical influence on whether they go on to access supportive services. Should you become aware that a young person may be self-harming; the advice is to remain calm in spite of what you may be feeling. Any indication of a negative emotion or being judgemental is likely to aggravate the situation.

You should assure the young person that it is ok to talk about their need to self-harm and that you will support them even if you do not understand why they self-harm or how they must be feeling. Explain to them that in order to provide appropriate help and support you will need to refer for advice.

As soon as possible after a young person tells you they are self-harming, you should make a written record. This should document exactly what has happened using the words of the young person where appropriate. It should be dated and signed.

Muscular Dystrophy and Muscular Atrophy

What are they?

Muscular Dystrophy is the name given to a group of diseases, which cause progressive weakness in the muscles due to a genetic defect.

Muscular Atrophy describes another group of diseases, which cause a progressive degeneration of the spinal nerves and wasting of the muscles that they control.

Muscular Dystrophy and Muscular Atrophy frequently run in families and more often affect boys rather than girls.

Living with Muscular Dystrophy and Muscular Atrophy

Duchenne Muscular Dystophy is usually only seen in boys and generally appears by the age of three; this progresses so that by the age of ten the young person is unable to walk. Intellectual ability is usually on a par with their peer group but the condition can affect their memory and verbal fluency, which may give the appearance of impaired intellect. The life expectancy of this condition is about twenty years.

Peroneal Muscular Atrophy affects both adults and young people but seldom shortens their life expectancy. Degeneration of the muscles may lead to the use of a wheelchair.

Spinal Muscular Atrophy affects both sexes, but is more common among boys; symptoms usually develop between the ages of three and seven. Weakness spreads gradually, usually allowing use of the legs for about ten years after its onset. Life expectancy is not affected except in the chronic childhood form.

Practical Tips

- Ensure that objects are within easy reach – the older the individual, the more difficult they will find it to stretch and grasp. Encourage physical activity where possible, including walking. This may need a level surface and/or two people to assist – be guided by the young person. Some activities may need to be attempted upright, others from a sitting or lying position.
- As the condition progresses, a wheelchair will be necessary powered either manually or electrically. This aid towards independence should be used wherever possible. Appropriate toilet facilities are necessary. Some help may be needed here – again be guided by the individual concerned. Show sensitivity so that they retain as much dignity as possible.
- Always get assistance when lifting. As the condition progresses the individual becomes a dead weight, being unable to support themselves. They will show the most comfortable method of lifting for them.
- When planning activities, take an individual's ability and mobility into consideration. There is no reason why camping should not be possible providing the individual and their parents/guardians have been involved.
- Do not let the individual remain in wet clothing or get cold. Carry spare clothing on the back of their chair.
- Check dietary needs. Special Diets to control weight are common.

Try to allow for independence when eating. If asked, assist by cutting food into manageable pieces. Do not overfill drink containers and offer the drink with a straw if that helps. In the more progressive stages, you may have to do the feeding.

At camp, ensure that a mattress or camp bed is available if needed. Extra pillow and/or foam support may be needed. Splints may be worn to support the ankles at night.

You will also need to consider

- Whether help will be needed for dressing.
- Whether it will be necessary to 'turn' during the night.
- The fact that it may take a while to find a comfortable sleeping position.
- How to treat any sores, which occur.

What else do I need to know?

Pressure sores may occur and you should check frequently for skin redness or damage. If the skin begins to break down seek treatment immediately – remember a pressure sore can develop in two hours, but can take many months to heal.

Further Information

Discuss with the individual and/or their parents/guardian the extent to which help is needed and learn any practical tips that they may have to offer. They might also be able to arrange for you to have a chat with the specialist involved if it is felt to be helpful.

Tourette Syndrome

What is Tourette Syndrome?

Tourette Syndrome (TS) is a neurological disorder; this means it affects the nervous system. It is characterised by repetitive stereotyped, involuntary movements and vocalisations called tics. This disorder was named after Dr. George Gilles de la Tourette the pioneering French neurologist who in 1885 first diagnosed the condition in an 86 year old French noblewoman.

The early symptoms of TS are usually present, but not always noticed. TS is often un-diagnosed (or misdiagnosed). The average onset is between the ages of 7 and 10 years. TS occurs in people from all ethnic groups although it is now thought there is an exception to this in Sub-Saharan Africa where TS might be rare. Males are affected by TS about 3 to 4 times more often that females. While TS can be a chronic condition with symptoms lasting a lifetime, most people with the condition experience their worst symptoms in their early teens, with improvement occurring in their late teens and continuing into early adulthood.

What are the symptoms?

Tics are classified as either simple or complex. Simple motor tics are sudden, brief, repetitive movements that involve a limited number of muscle groups. Examples include:

- Eye blinking
- Head jerking
- Shoulder shrugging
- Facial grimacing

Simple vocalisations may include:

- Throat clearing
- Yelping and other noises
- Sniffing
- Tongue clicking

Complex tics are distinct, coordinated patterns of movement involving several muscle groups. Examples of complex motor tics include:

- Jumping
- Touching other people and things
- Smelling
- Twirling about

Complex vocal tics include:

- Uttering words or phrases out of context
- Coprolalia (vocalising socially unacceptable words)
- Echolalia (repeating a sound, word or phrase just heard)

Tics are often worse with excitement or anxiety and better during calm, focused activities. Certain physical experiences can trigger or worsen tics, for example, a tight collar might trigger a neck tic. Tics do not go away during sleep but they can be significantly diminished.

What disorders are associated with TS?

Many people with TS experience additional neurobehavioral problems including:

- Inattention
- Hyperactivity
- Impulsivity
- ADHD
- Related problems with reading, writing and arithmetic
- Obsessive-compulsive symptoms such as intrusive thoughts or worries

All young people with TS need a tolerant and compassionate setting during Scouting that both encourages them to participate to their full potential and is flexible enough to accommodate their special needs. This means continuing to run an active balanced programme with challenging and engaging activities. A discussion with the parents of the young person should enable them to highlight any specific difficulties their child is likely to have and you can reflect this in programme planning.

Other Useful Information

- Many people with TS are able to suppress tics for a short time. The tics will eventually have to come out and suppressing them can feel uncomfortable and make it difficult to concentrate on other things. To understand how this might feel, people without TS can try not blinking for a while or holding their breath.
- Tics can wax, wane and change from day to day. Children with TS might have periods where they have no tics at all. There is no way of predicting the type and severity of tics a child may have, but it can be helpful to look at tics a child may have, but it can be helpful to look at tics they have had in the past and how they have worsened/lessened through periods of stress/relaxation.
- Tics can be suggestible: it is commonly reported that people with TS can pick up tics from other people they meet with TS.
- It can be useful to think of tics as the tip of the iceberg, when it comes to TS. Only 12% of people with TS have tics alone. Associated disorders such as OCD and ADHD can be more challenging.
- In addition to the associated disorders mentioned in this fact sheet, some people with TS also experience sleep disorders, rage attacks, self-injurious behaviour, depression, anxiety, inappropriate sexualised behaviour and non-obscene socially inappropriate behaviour.
- People with TS have the same range of IQ as the rest of the population.
- The average age for worst symptoms is 11.
- There is no cure, but there are medications available, some of which can have severe side effects.
- Tics that could place children at particularly increased risk include touching sharp or hot objects, or hitting themselves or others.
- Certain food additives are thought to aggravate tics. Preliminary studies have suggested that caffeine and theine containing drinks such as coke, coffee and black tea as well as preserving agents, refined sugar and sweeteners may make tics worse.

Spina Bifida and Hydrocephalus

What is Spina Bifida?

Spina Bifida is a deformity occurring during to the foetus during early pregnancy when the bones of the spine are not closed completely leaving the nerves, spinal cord and their protective sheathing exposed. This can result in damage to the spinal cord and nerves. The physical consequences depend upon the level of lesion (or break) and the amount of damage to the spinal cord. In general there are three types of Spina Bifida.

1. Spina Bifida Occulta – an opening in one or more of the vertebrae (bones) of the spinal column without apparent damage to the spinal cord.
2. Meningocele – the protective covering around the spinal cord pushed out through the opening in the vertebrae in a sac called the "meningocele" with the spinal cord remains intact.
3. Myelomeningocele – the most severe form of spina bifida, in which a portion of the spinal cord itself protrudes through the back.

Some degree of paralysis may occur and loss of sensation in the parts of the body below the level of the damage. The upper limbs may also be affected.

What is Hydrocephalus?

Hydrocephalus is caused by an excess of fluid that may exert pressure on the brain. In some children, the fluid drains away on its own, if not the ventricles of the brain swell and the brain tissue is stretched and squashed. The skull bones in babies and young children are not fixed together as they are in later life, and the pressure causes the head to increase in size. However, it is important to realise that hydrocephalus can also arise in older children and in adults, when the skull bones are fixed and the head cannot increase in size.

In some cases, a device known as a 'shunt' is implanted to help the fluid drain. Shunts usually work very well but some children have problems with them from time to time e.g. a blockage or infection.

Living with Spina Bifida and Hydrocephalus

Some children have poor co-ordination, which may affect handwriting, games and activities. In particular, ball-handling skills may prove difficult for these children. They are often fluent talkers and may give the impression that they understand without, in fact, doing so. Hydrocephalus can lead to learn difficulties. They may have difficulty with paying attention, expressing or understanding language, and grasping reading.

In the more severe forms of Spina Bifida children are paralysed in the flower limbs, and therefore use a wheelchair. Access to buildings and facilities may need to be considered.

Practical Tips

Exercise is very important, especially for those who are partially paralysed. This will help to improve the functioning of many of the body organs. Movement also aids circulation so it should be encouraged, following discussion with parents.

Children with Spina Bifida are prone to kidney damage and are often encouraged to drink a lot of fluid to keep the kidneys functioning well. They may therefore need extra drinks during hot weather. Parents and medical advisers will be able to give you details of a child's requirements.

Try not to make too many assumptions.

Spina Bifida and Hydrocephalus

What else do I need to know?

It is advisable to discuss the parent’s method of recognising an incorrectly working shunt (it is usually distinctive) and the course of action to take, as the child will need urgent medial help.

If a child with Hydrocephalus develops a severe headache, drowsiness or vomiting this may indicate that the shunt is not working properly and medical attention should be sought immediately.

If a child with Spina Bifida develops, a high temperature this may be indicative of a urinary infection and the parents should be contacted immediately for medical attention.

Some children with myelomeningocele Spina Bifida may need training to manage their bladder and bowel functions or have little or no control of their function. In some cases, this may require the need for catheterisation. Discuss with the individual and parents/guardian/carer the implications this may have for nights away.

Further Information

Discuss with the individual and/or parents the extent to which help is needed and learn any practical tips they can offer.

Cerebral Palsy

What is Cerebral Palsy?

Cerebral Palsy (CP) arises from a failure of part of the brain to develop during birth or early childhood. This can be caused by lack of oxygen during labour, extreme prematurely, injury or infections. Occasionally it is due to an inherited disorder. Cerebral Palsy is the description of a physical impairment that affects movement. The movement problems vary from barely noticeable to extremely severe.

The three main types correspond to injuries to different parts of the brain:

1. People with spastic cp find that some muscles become very stiff and weak, especially under effort. This can affect their control of movement.
2. People with athetoid cp have some loss of control of their posture, and they tend to make unwanted movement.
3. People with ataxic cp usually have problems with balance. They may also have shaky hand movements and irregular speech.

The main effect of cp is difficulty in movement. Many people with cp are hardly affected, others have problems walking, feeding, talking or using their hands. Some people are unable to sit up without support and need constant enabling.

Sometimes, other parts of the brain are also affected, resulting in sight, hearing, perception and learning difficulties. Between a quarter and a third of children and adolescents, and about a tenth of adults, are also affected by epilepsy. People with cp often have difficulty controlling their movement and facial expressions. This does not necessarily mean that their mental abilities are in any way impaired. Some are of higher than average intelligence; other people with cp have moderate or severe learning difficulties. Most, like most people without cp, are of average intelligence.

There is no cure, but we do know that correct treatment from an early age can ease the effects of cp. Occasionally, children will appear to have cp lose the signs, as they get older. Most importantly, having a disability does not mean that someone cannot lead a full and independent life.

Living with Cerebral Palsy

The most obvious effects of Cerebral Palsy are on movement and can result in stiffness, floppiness, unsteadiness, difficulty in controlling movement or unwanted involuntary movement. Some people with Cerebral Palsy may have other disabilities such as hearing, sight, perception, speech or breathing impairments and learning difficulties. Occasionally seizures may also occur. In some cases, the individual may be a wheelchair user.

Control of the muscles is not very efficient and so any exertion can be tiring. Some individuals will need assistance with everyday tasks such as dressing. Where 'speech' muscles are affected, communication can prove difficult and frustrating. Excitement can make this worse. A patient unhurried approach helps. In some cases, other communication aids, such as 'Bliss' boards are used.

The extent of any disability depends on the part of the brain that has been damaged. So although communication may be hampered, the understanding or learning part of the brain may be unimpaired and intelligence is unaffected, alternatively physical movement may be slightly affected whilst severe learning difficulties exist.

Adolescence can bring increased difficulties. Along with the usual developmental changes, both physical and emotional, an individual with Cerebral Palsy can lose further mobility. Some young people with Cerebral Palsy may attend special needs schools. These can have a wide catchment area and take individuals away from their own neighbourhood. Scouting offers the opportunity to make friends close to home, which might otherwise not exist.

Many individuals with Cerebral Palsy receive medications, which needs to be carefully monitored.

Practical Tips

Patience is the key word! If you can create and maintain a relaxed atmosphere, many problems will not even arise.

Try not to make too many assumptions before you have discussed an individual's condition. Many involuntary movements such as grabbing, biting, kicking and elbowing will be just that, but sometimes they are just bad behaviour! Everyone should be aware of any commonly repeated involuntary movements. They will soon learn to keep out of kicking or elbowing distance.

Other things to consider are:

- Seating in transport (not – next to the driver).
- Watching out for arms rigidly outstretched when going through doors (try going through backwards).
- Easily grabbed items (neckerchiefs and wood badge beads) should be tucked out of reach.

If a spasm occurs do not try to apply force to 'locked' joints, you could cause serious injury. Coaxing and reassurance along with gentle massage should help relax the muscles. This will also help when dressing or undressing, especially when trying to put on shoes or splints.

One side effect of lack of muscle control is dribbling. A plentiful supply of wipes will enable this to be handled sensitively.

What else do I need to know?

Scouters will need to be fully acquainted with the nature of the individual's condition and how it is controlled. Before undertaking any form of prolonged activity i.e. outings, camps or holidays, discussions should take place to ascertain what regular routines should be followed.

Care should be taken during activities that require eating! Plastic cutlery or polystyrene cups are easily bitten through. Knowing what a person uses at home to assist their feeding (such as straws or special crockery or cutlery) is essential. When eating at home is helped by 'finger feeding', you will need to discuss the way in which this is done to avoid losing the needs of your fingers!

Dressing and undressing need not pose problems as long as you discuss how it is done with those who do it most often! You will need to ask exactly how much help you should give and how much an individual is expected or expecting to do themselves. Find out if an individual has a preference for how they sit, stand or lie. Do they have a 'good side' or a particular order of dressing to make things easier?

If regular exercise is part of the normal routine, you may have to plan this into your activities. Swimming, hydrotherapy or physiotherapy may all have a part to play in this. In the past Cerebral Palsy was called Spasticity. While the term 'spastic' describes a particular type of Cerebral Palsy, it has also been used outside its medical use as an insult. This term, when not applied in a strict medical sense is offensive.

Scouters must recognise that in young people where Cerebral Palsy is controlled by medication it can, as part of the adolescent process, become the subject of rebellion. This needs a good deal of understanding, discussion and monitoring.

Further Information

Discuss with the individual and/or their parents/guardians the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or specialist involved if it is felt to be helpful. In particular, try to find out if there are any known triggers that cause spasms.

All of us have had occasions when behaviour has affected the smooth running of a meeting or event. Such behaviour exceeds high spirits and general 'naughtiness'. It spoils the activity or event for everyone and can lead to accidents, damage or distress. The reasons for behaviour like this can be many and varied and may well lie outside Scouting and its activities. As a Scouter, it is important to distinguish between the causes that you can influence and those you cannot. This does not mean that any old behaviour will do or is acceptable!

When certain behaviours persist Scouters can feel undermined and inadequate, but there are some ways to manage what is going on and to lay down rules for the future.

Whatever you are going to call it – discipline, control, management – some order is essential to the smooth running of any activity to ensure that it is fun for everyone. Young people also need to feel that the adults with them can keep them safe and secure so that they can participate fully in what is on offer. This will require the co-operation of all those involved – Scouters, Scouts of all ages and parents.

What is challenging behaviour?

Problem behaviours beyond the odd 'bad night' can take many forms. It may be harmless, irritating, attention seeking, bullying (including name calling, intimidation and excluding others from joining in), physically or verbally aggressive behaviour, violence or even sexual harassment. None of these are acceptable and will need the whole leadership team will need to discuss and decide on the best approach.

You need to make sure that all involved adults and young people know what acceptable and unacceptable behaviour is. Regular discussions about behaviour can lay the ground rules so that everyone knows what to expect. Scouting today is no different to society in general in that it includes a number of young people with difficult behaviours, which make the smooth running of activities or meetings difficult and in some cases, impossible. Any such behaviour which is unacceptable to Scouters and which affects the functioning of individuals or Groups must be seen as a matter of concern, deserving discussion and support.

Medical Conditions

Some behaviour problems arise from known medical conditions requiring particular support for the Member concerned. They may be on medication or a specific behaviour programme and you will need to discuss this with those involved outside meetings. A consistent approach will reap the best rewards with clear boundaries set and adhered to. ADHD (Attention Deficit Hyperactivity Disorder) is one such case but it is not the only one.

You may need to consider further support and advice when discussing the possible admission of a young person with a specific behaviour problem in the same way as you would with any prospective Member with a Special Need. They may need a named adult in addition to the leadership team to act as a mentor or 'buddy'. Considering their needs fully in consultation with their parent/carer and themselves will be necessary to safeguard both the Member concerned and the others in the Group.

Outside Scouting

There may be young people within your Group who have other particular difficulties, for example, with bullying at school. The school should deal with issues such as this. However, if both parties also attend Sectional meetings then it needs to be made clear that whatever is going on cannot be carried on into Scouting activities. There may be very different standards of acceptable/unacceptable behaviour in certain situations – home, school, other activities, but you will need to be sure of what is acknowledged as acceptable or unacceptable at your meetings and activities.

Planning ahead

Before an incident arises you may want to discuss a number of questions with your team, such as:

- When does the level of naughtiness become unacceptable?
- Does the structure of the meeting allow problems to develop?
- How does body language or general attitude of the adults affect behaviour?
- Should Scouters be expected to tolerate persistent bad behaviour?
- If the causes are outside our control, what can we honestly influence during 1-2 hours a week?
- What steps are available to help with control?
- What is the final resort concerning behaviours we cannot do anything about?

Having discussed the questions, decide on a joint approach. Prevention is always better than cure, you will all need to know what you intend to do – and do not forget to revisit your decisions especially when someone new joins the team. Agree what you consider to be unacceptable. Extreme examples would include swearing, kicking, punching, biting, spitting, screaming and so on. You will also need to consider wilful or persistent rule breaking or interruptions, talking over others, excessive noise and so on.

A plan of action

Agree a number of steps – your first resort should not be the most severe or you have nowhere else to go! Obviously physical contact is not an option, but think about the safety and security of steps – sitting out is one thing, but where? Do not put young people in your care out of sight, or 'outside the door' or alone with one Scouter. They need to be where you can keep an eye on them AND be able to watch what it is they are missing out on.

Make sure everyone at your meeting knows what acceptable behaviour looks like, sounds like and feels like. How will they know that behaviour is 'good'? You cannot say it is always quiet for example or that it is only ever one person talking – think about your craziest games – would those descriptions apply. But you can make certain statements such as – people (and that includes other adults) listen to each other, everyone plays by the rules, teasing is unkind and is not allowed – for example anything that relates to making fun of anyone's race, faith, abilities and so on.

Now take a good look at your weekly programmes. Problems often occur when there is nothing to do so watch out for those games where players get 'knocked out' (not physically of course!) go for missing a turn or losing a life. Mix up old favourites and new ideas so there is always something for everyone. Make sure the activities are planned and flow one from another. There's less scope for trouble when there are no gaps to fill!

Does everyone know what they are supposed to be doing? Are the instructions clear? Is there something for everyone to do?

Messages from adults

What messages do your adults give out? Do they stop and listen when instructions are being given out? How do they model 'good' behaviour? Do they recognise and acknowledge good behaviour as well as notice poor examples? Do you look like a team with shared levels of acceptability? When you all work together and react alike there is far less opportunity for 'playing one Scouter off against the other'. Do you support each other when an activity is happening? It is much easier to keep control if one of you is running the activity and another is helping to observe. It is very easy to miss something while you are running the activity so another pair of eyes can be invaluable.

What is the 'praise' or 'blame' culture of your Group like? You may want to look at whether the atmosphere is full of criticism or a constant reinforcing of acceptable behaviour. 'Thank you' and 'Well done' need to be heard (and meant) when talking to young people and between Scouters too. Remember too that it is the behaviour, which is unacceptable, rather than the young person and provide opportunities for them to have good behaviour acknowledged. Avoid labelling individuals as 'good' or 'bad', referring rather to acceptable and unacceptable behaviour. This helps everyone to focus on what the problem is and deal with it.

Taking action

If, despite your best efforts, a situation arises when bad behaviour disrupts continually, threatens safety or challenges your authority or that of another adult, then you will need to take action.

Try to keep cool, calm and collected. It shows assurance and control.

Take positive action. Do not let the situation drift on or pretend it did not happen. It might be as simple as stopping the activity, stating what you regard as unacceptable and making your expectations clear before continuing. Or it may be necessary to separate the culprit(s) from the activity for someone to chat to them while you restart.

Try asking the individual or group you are addressing to sit. This will reduce aggression and anger and reinforce the message that you are in charge.

If you are taking the young person to one side always remain within sight or hearing of others at all times. Ensure that the other Scouters are aware of where you are and what is happening. Always avoid unobserved one to one contact with a young person.

Especially where you did not witness the incident, listen carefully to all sides before making any statements or judgements. This is often more difficult than it sounds because emotions and strong feelings can get in the way of the issue at hand.

When you have a view of the facts, calmly have your say sticking to the facts. Highlight any safety issues and reinforce what should be happening. Avoid trying to reinforce these messages with personal threats or aggressive statements.

Keep as much eye contact as you can to reinforce your message.
Keep some personal space between you and the person you are talking to.

Later, when time allows (and you will need to make time) and when the situation is calmer you will need to review the incident to see if it was a 'one off' or part of a build up which needs watching. Brief your team and find out if there are any other situations 'bubbling under'.

Until you have all the available facts, you will not be able to make affair and balanced judgement.

Later still, at a Scouters' meeting, discuss the incident, the actions taken and any lessons to learn for the future.

Further support

Sometimes you may feel as if you have tried everything, but cannot crack the problem. Ask for help! It might be helpful to get someone not in weekly contact with your meeting to come along and watch what is going on for you. Try asking another Scouter from another Section to attend a meeting and observe what is happening. Do not tell them the problem and ask them to tell you what they see. They may spot something simple, or be able to identify another young person or point of the evening, which acts as a trigger. They may actually be able to tell you that it is nothing to do with your meeting at all, that the cause is outside your control – very important information.

Of course, it may well be that the behaviour just does not happen on that occasion – invite them another time and try again. Did you run the meeting any differently with a visitor there? Or is the behaviour more erratic or less frequent than it feels? (Sometimes it just happens that way!).

Involving parents

On most occasions where persistent bad behaviour is, spoiling Scouting for others it is a good idea to involve those at home, telling them of your concerns and asking if they have any ideas on how to resolve the problem. In the first instance, this might be a chat at the end of the meeting with the young person present. Or you might ask them to come up to the meeting place at the end of the next meeting for a chat. They may well know of something which has happened which may go some way to explain the behaviour or suggest solutions. If such informal contact does not improve things to your satisfaction, you may need to make a formal appointment to speak with the parents/carers.

If you are going to make a home visit then it is essential to prepare for it and to be accompanied by another adult from the Group. Before the visit talk to the rest of your team. Decide what action you are going to take and how far you are prepared to go to ensure acceptable behaviour. During the visit, sensitivity will be required, as many parents/carers may not believe that their child could misbehave sufficiently to need a visit from two Scouters.

When explaining the problem stick to the facts without exaggeration and, if action is agreed, make a point of agreeing a period of time for review and further discussion or feedback.

You may discover particular conflicts within their Lodge, Six or Patrol. Check out whether moving to another might help. The young person may respond more positively under different leadership or in another peer grouping.

It may be that involving the parent/carers will improve matters or give you some additional information on how to handle the situation. It may be that you agree to a shorter time at the meeting for a while will help. By attending part of the meeting rather than all of it, some breathing space can be gained for all involved, without making the young person feel shut out. In this case, it is better for them to come later to the meeting and join in once order is established and then stay to the end. Once an improved pattern of behaviour has been established they can attend for longer and longer sessions until they are able to cope with the whole meeting again.

Leaving Scouting

However much we dislike the idea, there may be situations outside our control where the only sensible course of action is to ask the young person to leave. Asking someone to leave Scouting is the ultimate sanction.

In such cases, the leadership team may feel a bit deflated or defeated, as if they have 'failed' in some way. Remember all we have promised to do is 'our best'.

Happily, in the majority of cases, a positive action by the leadership team brings about the order and behaviour needed to ensure that everyone (including the adults!) enjoys their time in Scouting.

Appropriate Medical Care

There is a difference between the types of medical care, which Scouters are asked to carry out. First Aid is probably the most common and describes the action taken to help a victim of an accident or injury in order to save life and secondly to limit the extent of any injuries until professional medical treatment can be administered.

The second category of medical care comes under the heading of simple personal nursing care. This may be more relevant in a camp or residential situation where an individual's regular routines need to be supervised or administered. This could range from supervising the use of an inhaler to administering prescription medication in cases such as these, permissions and further information need to be sought before the Scouter is placed in a position where such a need would arise.

Providing appropriate medical care

Legally any Scouter is expected to act in the same way as a sensible adult, taking responsible care for the safety and health of those in their charge. They do not make themselves liable as long as the Scouter does not prescribe prescription drugs, but merely hands them out in accordance with a doctor's prescription. The second sensible and reasonable requirement is that the parents or carers of any individual of any specific medical condition, medication, treatment or allergies which may need attention during the period of an activity inform the Scouter.
A wide range of medication can be purchased without prescription over the counter at pharmacies. These should not be administered without parental consent.

Practical Tips

There can be no substitute for knowing your Members. It is important in any Group that the Scouters know those in their charge well, are aware of the backgrounds of your Members and any particular needs they might have, but this is essential in the case of those with more pronounced needs. The information ranges from medical or toileting requirements to handling or avoiding situations that can arise from difficult behaviours or missed medication.

Younger helpers would not normally undertake person care, but under certain circumstances this may occur – where a sibling is used to performing certain tasks as a matter of routine for example.

Where some Members need more assistance care must be taken to provide respect for each Member as an individual and their need for privacy and independence are essential. All medical problems and personal details should be treated as confidential whilst ensuring that anyone who has responsibly for the well being of a Member knows enough to provide the best possible care for them.

Child Protection and Vulnerability Issues.

Children with disabilities can be more vulnerable to abuse than non-disabled children. Often they are more dependent on adults and some children with a disability will be exposed to a far wider group of adults who give intimate care. Communication difficulties are also a factor. Children who have physical, intellectual or social difficulties with communication may be unable to convey their experiences. Children with disabilities may have limited assertiveness as they may be used to having adults or their multiple cares having power and control over decisions affecting them.

Also, children with a disability may be unable to recognise abusive behaviour because of lack of information and education on sexuality.

Getting to know the young person, their personality, the different ways in which they communicate, what they like or do not like etc, will help Scouters recognise any changes in their behaviour that may indicate that all might not be well with them. Good communication with parents will also assist Scouters in understanding the young person and their needs.

Protecting our Scouters

When delivering some appropriate medical or nursing care of a more personal nature you will need to protect both your Members and you Scouters/Helpers. Obviously your first concern should be for the safety and security of all Members in Scouting and it goes without saying that when helping or organising activities for Members who may be particularly vulnerable either through age or particular needs, this requirement is paramount. You also need to ensure that you and other Scouters are protected and safeguarded by following a few simple, common sense guidelines.

All Scouters, Helpers and Instructors must be aware of Child Protection issues and the rights of the individual (child or adult), to privacy and dignity. All Scouter, helpers and Instructors should be familiar with and adhere to the policies, procedures, and guidelines as set out in Scouting Ireland's 'Code of Good Practice' document.

It may sometimes be necessary for people to do things of a personal nature for individuals, particularly if they have physical or learning disabilities. These tasks should only be carried out with the full understanding and consent of parents. In an emergency situation, which requires this type of help parents should be fully informed.

These essential guidelines are worth agreeing with all those who help with your Group:

- Prior to any personal care tasks being undertaken the Scouter must get approval from parents or guardian regarding the level of personal care they are allowed to give and in what circumstances.
- Seek training and advice on how to undertake the personal care – this would be best obtained from the parents, guardian or carer.
- Involve the child as far as possible in his/her own intimate care. Try to avoid doing things for the child that they can do alone. If they are able to help make sure that they are given the opportunity to do so.

- If a child is fully dependent on an adult for intimate care, Scouters should talk with them about what they are doing and give them choices wherever possible.
- Scouters should ensure the Member is given privacy and treated with dignity while tasks of a personal nature are carried out. Total confidentiality must be maintained.
- Make sure that intimate care is as consistent as possible – predictability helps the child have a sense of order and control.
- Agree with the parents/guardian who is able to undertake personal care – you must not let anyone not approved perform the duties.
- Personal care should not be undertaken by someone who is inexperienced and how does not have the express permission of the Scouter.
- Keep other Scouters informed where you are and what you are doing – do not leave yourself open to question.
- Record any personal care tasks undertaken giving time, date, function and if there were any problems – the parents/guardian may need this information.
- Giving of medication should only be undertaken under written instructions from the parents/guardian – and only given by a Scouter with the appropriate expertise and who has been designated for the task.
- Record any medication given – date, time, who gave it.
- Ensure everyone concerned knows what to do in cases of 'anticipated emergencies' such as when a 'hypo' occurs and be aware of any 'warning signals' which the individual gets. Make sure that any emergency supplies e.g. biscuits, are accessible and their storage place is known.
- Hyperglycaemic (too much sugar in blood) condition can be confused with hypoglycaemic (too little sugar in blood) condition in an emergency situation. The two conditions require different treatments.

Never administer aspirin or medicines containing ibuprofen or paracetamol to any child under 16 unless prescribed by a doctor.
If the young person is 16 and over and is capable of giving consent, written parental consent may not be necessary but the Scouter must still be certain that the person is not allergic, is not under any other medication and does not have a stomach ulcer.

Further Information

Discuss with the individual and/or parents, guardian or carer the extent to which help is needed and learn any practical tips they may have to offer.

Guidance on Medications

When holding or administering medications for young people it is advised that;

- Procedures are agreed with parents around managing prescription medication for their child. These will by necessity depend on the comfort level and/or experience of the Scouters involved, and may vary from group to group.

Appropriate Medical Care

Key issues include

- Clairty around the role of Scouters in relation to holding medications, administering medications, or supervising the self-administration of medication.
- The agreed circumstances on children carrying and self-administration of medications.
- The necessity for prior written parental consent for any medicines to be given or self-administered.
- Scouters should never give non-prescribed medicine to a young person unless there unless there is prior parental permission, which should be recordered. Aspirin or medicines containing ibuprofen or paracetamol must never be administered to someone under the age of 16 unless prescribed by a doctor.
- Parents be required to check with their General Practitioner if unsure as to whether their child can self-medicate.
- If a young person refuses to take their medicine Scouters should not force them to do so but should record the refusal and notify parents immediately. Procedures should be agreed in advance with parents for such a situation and these should be implemented.
- Appropriate arrangements should be made be for the safe storage of medicines on camps/trips.

Parents should inform the Scouters in charge of their child about;

- The type of medication their child is taking
- The amounts to be taken and at what intervals
- If the young person is managing/self-administering, the amounts of medication that they have with them
- Any pre-administration requirements (e.g. the need to take food before the medication)
- Any known side effects of the medication
- What might constitute an emergency in relation to the medication
- What action to take in an emergency and who to contact.

When holding medicines Scouters should ensure that the medicines are provided in the original container as dispensed by a pharmacy and include the instructions for prescription. It is advisable that Scouters check the container to ensure that the details include;

- The name of the child
- The name of the medicine
- The dosage to be taken
- The method of administration
- The frequency of administration
- Potential side effects (e.g. drowsiness, rash, headaches)
- The expiry date.

The management of medications on meetings, trips or camps should always form part of the risk assessment carried out by the group in advance of the activity. These procedures should be reviewed and updated regularly, and before every away trip.

Bibliography

Department of Health and Children (2004) Our Duty to Care. Dublin. Department of Health and Children.

Department of Health and Children (1999) Childrens First. Dublin. Gill and Mcmillan ltd.

Scouting Ireland (2006) Code of Good Practise. Dublin. Scouting Ireland.

The Scout Information Centre (2006) Guidelines on Scouting for People with Disabilities. London. [www.scoutbase.org.uk].

WAGGGS AND WOSM (2004) The Beyond Barriers Tool Kit. Brussels. Europe Region of the World Association of Girl Guides and Girl Scouts.

World Organization of the Scout Movement (2000) Scouting with the Disabled. Switzerland. World Scout Bureau.

World Organization of the Scout Movement (2006) Post-Workshop Report. Australia. World Scout Bureau.

Supporting Special Needs

Scouting Ireland, Larch Hill, Dublin 16 Tel. 01 495 6300 www.scouts.ie