

**Abolishing the ghettos for disabled citizens, Norman Acton, the Unesco Courier, March 1974.**

At least one out of every ten children requires what is called special education. These are the children who are called "disabled" or "handicapped" or sometimes "exceptional". They need specialized guidance, technical aids, modified physical arrangements of the school and classroom and programmes designed specifically to enable them to achieve the goals of education.

The Declaration of the Rights of the Child, adopted by the United Nations General Assembly in 1959, states that each child shall be given an education which will enable him to become a useful member of society. That goal is especially important for the handicapped child and much more difficult to achieve. The difficulties are to varying degrees consequences of the individual disabilities, but also they are products of society's attitudes towards handicapped persons.

Active involvement of the community in its special education programme is one of the key ingredients of the effort to overcome these difficulties.

Let us look at some of the details on which the above generalizations are based.

What do we mean by community involvement?

The basic function of the community in this field is, of course, to provide special education facilities; to finance them through taxation and other means; and to incorporate them in the general educational scheme. The methods and structure may vary, but there is wide international acceptance of the concept that the provision of special education is a public responsibility of the community and its government.

Conclusions of the First International Conference on Legislation Concerning the Disabled, organized by Rehabilitation International in Rome in 1971, were that "governments must accept major responsibility and play a main role in the development and provision of rehabilitation services for all persons with physical and mental disabilities," and that "education should be provided without cost to the individual or the individual's family."

This is not to overlook the vital role played by voluntary organizations in starting and providing special education services. In many countries parents' groups and other private bodies have been the first to be aware of the problems which exist when there are no special educational facilities. They have themselves provided the first services and have been instrumental in persuading their governments to either launch official programmes or support private efforts . . .

## BOOKS AND REVIEWS

... An understanding of the educational, as well as of any of the other problems of physical or mental disability must be based on the knowledge that many of these problems are created or made more damaging by society and by its attitudes.

Historically, we have stigmatized those who are different and excluded them from the so-called normal life of our communities. We have built our buildings and our cities in ways that exclude people with limited mobility. We have not yet learned to regard people in terms of their abilities, rather than of their disabilities when those exist in the stigmatized forms. We have created educational, vocational and social ghettos in which our disabled citizens are supposed to live and learn and work.

Special education is designed to help handicapped individuals in making the fullest use of their capabilities, but it cannot succeed without the understanding and the support of the community in which it is placed. It cannot finally succeed until society has done its part in eliminating the physical and social barriers it erects in the paths of our disabled citizens.

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### **The Extended Role of Professional Nursing—Patient Education.** *S. Fleischer Schweer and E. Crow Dayani, International Nursing Review, Geneva, 1973, No 6.*

... A basic component of nursing care should be the practical implementation of patient teaching. This includes instruction as part of the nursing care plan for each patient. Teaching a patient should be as important a part of a nurse's daily assignment as any other treatment. Necessary in this area are accurate and progressive charting and communication among all members of the health team. Leadership by the professional nurse is indispensable in the provision of total patient care and education.

The need for patient education has always existed and continually grows. It is the obligation of the professional nurse to initiate as many practical recommendations as seem appropriate in order to reach this goal. All health professions might then accomplish total patient 'continuum of care'. The time is *now*, and it has never been more necessary to begin.

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