[Report 1967] / School Medical Officer of Health, Essex County Council.

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COUNTY COUNCIL OF ESSEX

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1967

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Principal School Medical Officer

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J. A. C. FRANKLIN, M.B., B.S., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER

85/89 NEW LONDON ROAD, CHELMSFORD

Tel. Chelmsford 53233

CONTENTS

PREFACE

85-89 New London Road
Chelmsford
October, 1968

To the Chairman and Members of the Education Committee

I have pleasure in presenting as Principal School Medical Officer, my Annual Report for the year 1967. As in previous years this Report which includes the Report of the Principal Dental Officer has been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other senior members of staff of the Department who are concerned particularly with the School Health Service.

The total number of children discovered to have defects at periodic medical inspections increased slightly as compared with previous years but this is too small to be of any great significance. Overall I am satisfied that the health of school-children throughout the Administrative County remains at a satisfactory level.

I referred in my previous Report to the use of the selective system of medical examinations in Colchester and the North-East Essex Division and from the experience gained in these areas it would appear that the School Health Service would be more productive of effort and make better use of resources if this system was extended throughout the County. Discussions have taken place to this end and it is anticipated that these will bear fruit during 1968. It follows that the new arrangements will involve intensive application by everyone concerned since all the children found to have defects will need to be followed through until the right solution for each is found.

I had hoped to be able to welcome the appointment of a Consultant Otologist to succeed Dr. S. E. M. Bates who I announced in my previous Report had given up the work completely. Unfortunately, however, no appointment has been made by the Regional Hospital Board to undertake the three audiology clinics on a permanent basis but Mr. A. N. Cammock kindly agreed to assist on a limited basis and it is thanks to his efforts that waiting lists are small and there is no appreciable delay before children are seen. This arrangement cannot continue indefinitely however and, following discussions with the Regional Hospital Board plans are going ahead to train and employ our own Medical Officers in this field.

The Health Education programme has continued to expand in schools, technical colleges and youth clubs and it is reassuring to know that such great interest is being taken in this important branch of the Department's activities.

This work is never completed or the subjects exhausted and it will be noted later in this report, that the misuse of drugs has been included within the programme. A great deal of interest has been shown in this subject by pupils, teachers and parents and the team specialising in this branch of Health Education has been in great demand.

In conclusion I have pleasure once more in recording my thanks and appreciation to the Education Committee for their consideration and support throughout the year, to the Chief Education Officer and his staff for their helpful co-operation and to my own staff and all others who have been concerned in any way with the School Health Service.

I am, Ladies and Gentlemen,
Your obedient Servant,

J. A. C. FRANKLIN
Principal School Medical Officer

County Council of Essex

EDUCATION COMMITTEE

(as at 31st December, 1967)

Chairman : Alderman Mrs. E. Coker, B.Sc.

Vice-Chairman : Alderman Brigadier J. T. de H. Vaizey

County Council Members

Aldermen :

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G. E. Rose, J.P.
J. E. Tabor, O.B.E., M.A.
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A. Jones, M.B.E., J.P.
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Mrs. J. C. Martin
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J. V. Story
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C. V. Ulyatt
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L. A. Welch
H. Williams

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P. J. Harty
R. A. Karger
D. J. Maidment
A. C. Moles
W. A. Nichols, J.P.
E. Trippier

Representatives of Universities

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H. Marriot, B.Eng., B.Sc.
G. H. R. Newth, M.A.
Professor A. M. Potter

Persons of Experience in Education

C. R. Allison, M.A.
L. F. Grant, O.B.E.
W. G. Ingram, M.A.
The Rev. Canon M. M. Martin
P. S. Powell
F. L. Ridgwell
The Rev. F. J. Saurin
L. S. Webb

Representatives of Teachers

B. A. B. Barton
Miss M. A. L. Colleer
N. H. Fanshawe
R. F. Ellis

STAFF OF THE SCHOOL HEALTH SERVICE

(*as at 31st December, 1967*)

CENTRAL OFFICE

Principal School Medical Officer:
J. A. C. FRANKLIN, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:
R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer:
ELIZABETH M. SEFTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H., L.M.

Principal School Dental Officer:
J. BYROM, L.D.S.

Superintendent Nursing Officer:
Miss J. F. CARRE, S.R.N., S.C.M., Q.N., H.V.Cert.

County Health Inspector:
M. E. ROUSELL, M.A.P.H.I.

Statistician:
W. H. LEAK, B.A., F.S.S.

Health Education Organiser:
C. E. WILLIAMS, M.R.S.H.

DIVISIONAL STAFF

Divisions	*Divisional School Medical Officers*
North-East Essex	JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.
Mid-Essex	J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H
South-East Essex	D. A. SMYTH, M.B., B.S., C.P.H., D.P.H.
Thurrock	T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.
West Essex	I. G. YULE, M.B., Ch.B., D.P.H., D.C.H.
Harlow	I. ASH, M. D., D.P.H
Basildon	P. X. O'DWYER, M.B., B.Ch., D.P.H
Colchester	JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.

Other Divisional Staff
(excluding staff employed by Regional Hospital Boards)

	Number employed	*Aggregate of time given to School Health Service (in terms of whole-time officers)*
School Medical Officers	62*	24
Area Dental Officers	8	28.3
Dental Officers	41*	
Health Visitors/School Nurses	228	89
Dental Surgery Assistants	46	33.4
Speech Therapists	14	8
Psychiatric Social Workers	5	4.3
Social Workers	5	3.3

* includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1967 was 1,102,850 of whom approximately 171,700 were children of school age (i.e. 5-15 years).

School Population Mid-Year 1967

	Primary Schools	*Secondary Schools*	*Total*
North-East Essex	12,113	6,923	19,036
Colchester	7,234	6,021	13,255
Mid-Essex	24,283	15,498	39,781
South-East Essex	12,967	6,591	19,558
Thurrock	11,501	8,639	20,140
West Essex	13,681	8,732	22,413
Harlow	10,583	7,746	18,329
Basildon	14,656	8,612	23,268
Boarding Schools	—	722	722
Total 1967	107,018	69,484	176,502
Total 1966	109,026	62,390	171,416

Number of Schools

Primary Schools	494
Secondary Schools (including grammar schools) ...	116
Technical and other Colleges	10
Nursery Schools	2
Special Schools for handicapped children	16

Distribution of Special Schools

The 15 Special Schools in the Administrative County (excluding Notley Hospital School) cater for handicapped pupils in the following way :—

Category of handicapped pupil	*Divisional Executive*	*Day Schools*	*Residential Schools*	*Sex*	*Accommodation*
Educationally subnormal	Colchester	1	—	Mixed	120
	Mid-Essex	—	1	Male	58
	Mid-Essex	1	—	Mixed	100
	S.E. Essex	1	—	Mixed	120
	Basildon	1	—	Mixed	132
	Thurrock	1	—	Mixed	120
	Thurrock	1	—	Mixed	75
	West Essex	—	1	Female	65
	West Essex	—	1	Male	120
	Harlow	1	—	Mixed	100
	Total	7	3	—	1,010
Maladjusted	N.E. Essex	—	1	Male	45
	N.E. Essex	—	1	Male	45
	West Essex	—	1	Mixed	42
	Total	—	3	—	132
Delicate and/or physically handicapped	N.E. Essex	—	1	Mixed	90
	Thurrock	1	—	Mixed	100
	Total	1	1	—	190

Children in Hospital Schools at end of 1967

During 1967 the number of children admitted to the Notley Hospital School was 267 and the number remaining on the roll at the end of the year was 48.

Number of School Clinics

Minor ailments	48
Dental	48
Ophthalmic	21
Speech Therapy	39
Physical Medicine	5
Orthoptic	4
Enuresis	1
Audiology	3

Further details are referred to in Appendix L.

MEDICAL INSPECTIONS

During the year ended 31st December, 1967, 41,652 pupils were seen at periodic medical inspections and 17,439 at special inspections in comparison with 41,656 and 16,389 for the previous year, showing a minute decrease for periodic examinations and an increase of 1,050 in special inspections.

The Scheme for selective medical inspections continued in North-East Essex and Colchester Divisions and Dr. Kershaw reports as follows:—

> "The selective system was extended during the year to cover the great majority of the schools in Colchester. Selection is at present restricted to the intermediate period, but in the case of secondary schools, supervised by one Medical Officer, a modified method of selection for leavers is now in operation. This consists of a health interview, with the option of a physical examination (or such other investigation as may be required) according to the circumstances. Questionnaires are routinely used for entrants and leavers as well as at ages 7 plus and 10 plus.

Administratively the system works well and it is time-saving for doctors, school nurses and school staff, alike."

Appendix "A" gives a report of a study made by Dr. R. E. Barrett, a Medical Officer in Colchester Borough, on the Comparison between Selective and Routine school medical inspections.

Consideration is being given to extending the scheme of Selective Medical examinations to the whole of the Administrative County and I will report further upon this next year.

Dr. I. Ash, Divisional School Medical Officer for Harlow, makes the following comments regarding School Medical Inspections in that Division:—

> "These followed the pattern previously adopted—new entrants being seen in their second term at school so that examination of a percentage of this group of children took place each term and pupils approaching the leaving age of 15 years being seen in the term prior to that in which they are able to leave. As there are now no Christmas leavers, all pupils able to leave at Easter are examined in the previous autumn term and those due to leave in the summer are seen in the spring term. This means that the only senior pupils needing medical examination in the summer term, when the comprehensive schools are very busy with various scholastic examinations, are 'special' cases seen at the request of the parent, head teacher, etc. and those due for re-examination for some specific condition. In this way, it is possible to liaise with the Youth Employment Officer in providing any necessary medical information for his guidance in finding suitable placements for pupils.

In addition to routine examinations, visits are made each term to the junior schools by the medical officers for follow-up of re-examination cases and to see any child whom it is thought requires investigation. Despite the shortage of medical staff this system was maintained throughout the year."

FINDINGS AT MEDICAL INSPECTIONS

(See also Appendix B)

Physical Conditions of School Children

I regret to have to report that during the year 1967, 67 children were found at periodic medical inspections to be unsatisfactory, i.e. 0.16%. This is an increase of 31 over 1966, i.e. 0.07%. A total of 3,075 pupils were found to require treatment, leaving 38,510 (92.6%) free from defects.

Periodic Medical Inspections : number of children with defects 1967

Age Groups Inspected (by year of birth)	Number of children inspected	Number of children with defects requiring treatment	Ratio of children with defects to children inspected
1963 and later	259	12	1 : 21.6
1962	5,599	428	1 : 13.1
1961	9,829	572	1 : 17.2
1960	2,061	105	1 : 19.6
1959	488	31	1 : 15.7
1958	211	18	1 : 11.7
1957	2,605	111	1 : 23.5
1956	6,095	374	1 : 16.3
1955	2,960	322	1 : 9.2
1954	1,186	127	1 : 9.3
1953	2,763	250	1 : 11.1
1952 and earlier	7,594	725	1 : 10.5

Percentage found to require treatment

	Defective Vision		Other Conditions	
1963 and later	—		4.63	
1962	1.68		6.35	
1961	1.57		4.58	
1960	1.99		3.93	
1959	3.28	2.17	3.07	4.06
1958	1.42		7.58	
1957	2.46		2.46	
1956	3.30		3.13	
1955	5.84		5.37	
1954	5.23		6.07	
1953	5.28		4.09	
1952 and earlier	6.40		3.45	

Compared with 1965 and 1966 a larger proportion of entrants and of secondary school children required treatment for conditions of other than defective vision. In secondary schools the incidence of defective vision requiring treatment was higher than in 1966 but not very different from that in 1965.

Cleanliness Inspections

During the year, 156,597 pupils were inspected and 365 were found to be infested compared with 150,660 and 515 last year. Twenty-five cleansing notices were issued under Section 54(2) of the Education Act 1944 and 7 cleansing orders under Section 54 (3).

The percentage of children inspected and found to be infested was 0.24% which is a great improvement on last year's figure of 0.34%.

School Meals Service and Milk in Schools Scheme

The Chief Education Officer has once again been kind enough to arrange for me to have a report on the School Meals Service and Milk in Schools Scheme as shown in Appendix C.

TREATMENT OF DEFECTS

(See also Appendix B)

Diseases of the Lungs

During the year 1967, 67 pupils were found at periodic school medical inspections to require treatment for lung defects, 46 at the entrants' examination, 10 at intermediate and 11 school leavers. A further 835 pupils were referred for observation.

In addition 12 pupils at special inspections were found to require treatment for lung defects and 40 were referred for observation.

Ogilvie School, Clacton-on-Sea, continued to admit those children with lung conditions sufficiently severe to warrant their being classified as handicapped pupils.

Heart Disease

Fifty-one children were found at periodic medical inspections to require treatment for heart conditions, 33 of whom were school entrants; 593 were referred for observation, 326 of these being school entrants. Only 3 pupils were found at special inspections to require treatment for heart defects and 42 were referred for observation.

Diseases of the Ears

Hearing. One hundred and eighty-one children were found at periodic medical inspections to require treatment because of hearing difficulties and 867 were referred for observation. It is significant to note that once again the majority of these were in the new entrants group, i.e. 115 and 632 respectively. In addition, 66 pupils following special inspections were referred for treatment and 85 for observation.

Otitis Media. During the year, thirty-eight children were found at periodic school medical inspections to require treatment for Otitis Media and 758 were referred for observation. This is a marked increase over the figures for 1966, which were 31 and 515 respectively.

Other. There were 37 children found at periodic inspections to require treatment for other defects of the ear and 235 were referred for observation.

Orthopaedic Defects

Posture. During the year under review 53 pupils were referred for treatment for posture defects and 360 for observation. In addition, of the 28 children seen at special inspections, 4 were found to require treatment, and 24 needed to be kept under observation.

Feet. As in previous years the number of children with foot defects continued to rise and at periodic school medical inspections during 1967 there were 157 pupils with defects requiring treatment and 1,475 needing observation. The comparable figures for 1966 were 142 and 1,162. The largest number of those children found to have defects of the feet were in the school entrants group.

At special inspections 18 pupils were found to require treatment and 49 observation for foot defects.

Other. At periodic medical inspections 87 pupils were found to require treatment for other orthopaedic defects, and 956 were referred for observation.

Skin Conditions

The number of children found at periodic medical inspections to be suffering from skin conditions, was 308 requiring treatment and 1,334 observation. Included in the 308, were 2 cases of scalp ringworm, 2 of scabies and 7 of impetigo.

Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1966 :

	1966	1967
External and other eye diseases, excluding errors of refraction and squint	157	158
Diseases of the ear, nose and throat (non-operative treatment)	199	180
Skin diseases, excluding uncleanliness	1,688	1,373
Miscellaneous minor ailments (including enuresis)	1,139	1,687

Attendances at Minor Ailment Clinics numbered 17,405, compared with 19,400 in 1966.

Enuresis

During 1967 the enuresis clinic at Harlow continued to operate, although on a somewhat limited basis as will be seen by the following report from Dr. Ash :—

> "Owing to lack of medical staff one of the enuresis sessions had to be discontinued and the waiting list has gradually lengthened so that it became necessary to close the list as a temporary measure until some of the long-standing cases were cleared. There were forty-nine new cases on the waiting list at the end of December.
>
> The electric buzzer is still being used as the most effective method of treatment in selected cases and set out below are details of the cases dealt with during the year."

	New Cases	*Old Cases*	*Receiving further treatment after relapse*
Cured	1	13	1
Slightly improved	—	1	—
Spontaneous recovery	—	1	—
Failed to continue treatment (including 3 children who left district)	8	10	2
Referred to Child Guidance Clinic	—	4	1
Referred to Paediatrician	4	—	—
Referred to General Practitioner	1	—	—
Temporarily Closed	—	2	—
Still under treatment	32	20	13
Total	46	51	17

Diseases of the Eye and Defective Vision

Children found at periodic medical examinations to have diseases of the eye numbered 5,068, made up as follows:—

	Requiring Treatment	*Observation*
Vision	1,441	2,794
Squint	156	374
Other defects	20	283
Total:	1,617	3,451

Recuperative Holidays

One hundred and nine children were provided with recuperative holidays under arrangements made through the School Health Service during 1967.

SPEECH THERAPY

During 1967, 894 children were referred for speech therapy and 693 children commenced treatment. At the end of the year 804 children were receiving treatment and 522 were on the waiting list. This last figure includes some children whose treatment had to be discontinued because of shortage of Speech Therapists. Details of the types of defect being treated are given in the following table.

Speech Defect	*Number of Children*					
	Under 5 years of age	*Attending Infant Schools*	*Attending Junior Schools*	*Attending Sec. Schools*	*Attending Special Schools*	*Total*
Delayed development, including aphasia	46	93	28	4	16	187
Defect of articulation	33	215	137	20	31	436
Stammer	3	12	31	35	2	83
Stammer and articulation defect combined	1	11	8	3	3	26
Defect associated with hearing loss	4	9	8	4	4	29
Disorder of voice	3	5	16	4	2	30
Unclassified	2	5	1	—	5	13
TOTAL	92	350	229	70	63	804

CHILD GUIDANCE SERVICE

As in previous years the Child Guidance Service continued and details of cases referred, treated and completed are shown in Appendix D of this report.

Dr. J. N. Runes, Medical Director at Basildon Child Guidance Clinic reports as follows:—

"Our work for the South-East area is now concentrated at a provisional clinic in Hadleigh; the subsidiary at Hockley had to be abandoned as the premises proved to be inadequate for our purpose. However, our periodic attendances at the Child Development Centres in the South-East Division viz. at Hadleigh, Great Wakering and Canvey, were continued by arrangement with the D.S.M.O. There were also regular Joint Clinics with the Consultant Paediatrician, Dr. Wickes, which were held at St. Andrew's Hospital, or at the Basildon Child Guidance Clinic.

The discussions with the Housemothers-in-Charge of the various G.L.C. Homes in Basildon have been extended to the Basildon area. In connection with these discussions we also see children from these Homes who are referred to us by the respective Children's Departments. We still have a long-standing difficulty in placing adolescents in need of hospital observation and treatment; we have to look a considerable distance in order to find a place for the very disturbed adolescent, and this presents difficulties as parents are usually unhappy at having to travel a long way in order to visit their children. On the other hand, there is now sufficient provision for the placement of younger children in the Psychiatric Childrens Units, of which two, viz. at Colchester and Whipps Cross, function in our area.

A sad fate has overtaken our tutorial classes. The use of the Corporation house in Honeypot Lane has been withdrawn, and the arrangements for alternative accommodation have been delayed, with the result that the classes ceased to function after the summer holiday. No date, so far, has been given for their re-opening, nor has the class at Hadleigh been re-opened since the last teacher, Miss Close, left. This has been a great blow to us, as we were able in the past, to offer to the less disturbed or maladjusted child some form of therapeutic facilities as well as remedial help."

The Service in the Harlow and West-Essex Divisions has continued to expand and the following is an extract from a report by Dr. R. M. Gabriel, Medical Director:—

"Children referred from Harlow are seen at Galen House Clinic. Children referred from the West-Essex Division are seen either at Galen House or at the Loughton Hall Branch Clinic. It is therefore not possible to report separately on what is an integrated Harlow and West-Essex Child Guidance Service. During 1967 we have seen a degree of consolidation of the position as outlined in my last report and remain aware of the need for the second branch clinic at Saffron Walden to be opened before children in the northern part of the area can be adequately served.

The first stages of a plan to change from the classical 'Child Guidance' approach were put into effect during the latter part of 1967. The School Psychological Service, which is now an autonomous entity has divided the schools in the area so that each psychologist has a certain number with which to cope. A social worker has been paired with each psychologist in order to augment the School Psychological Service and new referrals are handled in the first instance by this agency. Exceptions are made when the referral is of an exclusively medical character. This has resulted in a widening of the skills of the School Psychological Service and a preservation of psychiatric time for those children requiring psychiatric examination and treatment. This has released the psychiatrist from being overburdened with more social and educational problems and enables him to offer more consultation and supervision time to his colleagues. In Harlow itself, where it has been possible to implement this new plan more fully, we came to the end of 1967 with no patients on the waiting list. This is obviously most heartening. What we have learnt however, is that in order to make this type of service work most effectively it is necessary to consider having both educational psychologists and social workers employed at the ratio of one per six thousand school children. It is my personal hope, that in due course the School Psychological Service, augmented in this manner, may itself offer a deeper consultative skill to teachers, parents and future school counsellors. I hope to be able to offer more observations when we have gained a further year of experience in working this system".

Staffing

The staffing establishment and the number in post at 31st December, 1967, are shown in Appendix L.

Referrals

The following table shows the number of referrals to Child Guidance Clinics and the sources:—

Source of Referral	*Number*	*Per cent.*
School Medical Officers and Health Visitors	304	19.1
General Practitioners	345	21.7
Consultants	87	5.5
Educational Psychologists	262	16.5
Head Teachers	153	9.6
Children's Officer	63	4.0
Probation Officers	41	2.6
Magistrates	39	2.5
Direct referrals	219	13.8
Others	75	4.7
Total	1,588	100.0

The main sources of referrals continue to be School Medical Officers, Health Visitors and General Practitioners who, in 1967, were responsible for the highest number. Further details are shown in Appendix D to this report.

The School Psychological Service

Once again I am indebted to the Chief Education Officer for the Report by the Psychologist to the Education Committee which can be found in Appendix E.

AUDIOLOGY CLINICS

The three Audiology Clinics at Chelmsford, Colchester and Rayleigh continued to function on a limited basis during the year under the charge of Mr. A. N. Cammock.

The following comments have been received from the Divisions concerned:—

Chelmsford. "The Audiology Clinic was re-opened in May, 1967 at Springfield Green and it has continued through the year. Peripatetic teachers of the deaf have attended the clinic as well as undertaking the auditory training of those children who needed it either from the clinic or elsewhere."

Colchester. "The audiology clinic was transferred from Monkwick to the Central Clinic at Colchester when the latter opened in February. Work has continued on the previous level but any expansion or extension to other places has been prevented by the impossibility of increasing the time given by the Consultant Audiologist.

Already the work of the clinic is disclosing more young children who are in need of auditory training and other special help, and I believe that the numbers have already reached the point at which the special day unit envisaged in the development plan is justified".

Rayleigh. "During 1967, whilst the new audiology clinic was being built, sessions took place first at Rochford Health Services Clinic and during the latter part of the year at Rayleigh Clinic. In neither clinic were conditions ideal, aircraft noise at Rochford making testing difficult and at Rayleigh the noise made by builders engaged in constructing the new unit tended to overspill into the testing rooms. With the availability of the new unit early in the forthcoming year, these problems will of course cease to exist.

With Mr. Cammock's appointment regular sessions have been held for most of the year and there is no appreciable delay before the children are seen.

Now that waiting lists have been cleared many children have been making third and fourth follow-up visits and it has been possible to give much closer supervision.

A total of sixty-one new cases were referred to the Unit during the course of the year. Fifty-two of these coming from the South-East Essex Division, the remainder being referred from the County Borough of Southend, South Essex and Basildon areas.

In all a total of eighty-nine children were dealt with of which twenty-nine were found to have normal hearing and in one case, normal hearing returned after treatment.

Not all children responded well in clinic situations but only in one or two cases has it been necessary for the teacher of the deaf to carry out

preliminary assessment of the child at home in familiar surroundings and in none of these cases was any significant degree of deafness found."

SCHOOL COUNSELLING SERVICE

The Education Committee in June, 1967 considered the inauguration of a Counselling Service in Secondary Schools as an experiment.

The terms of reference of Counsellors would be to provide educational guidance in the broadest sense. This would comprise advice on school courses and remedial education, co-operation with child guidance and youth employment services, testing and diagnosis, advice on personal and social problems, particularly with those children who have problems of adjusting to school life, and vocational advice.

Guidance and counselling services have been established in schools in several countries, e.g. the United States and Sweden, but as they are new to Britain, their place and function in English schools have yet to be worked out. There has been a recent growth of interest in counselling in this country. The re-organisation of secondary schooling and the consequent availability of a great variety of courses have contributed to this. In addition it has become increasingly apparent that adolescents need more detailed and more professional guidance so that they can make constructive and appropriate vocational choices. Educational and vocational guidance necessarily involve personal counselling, since all decisions are matters of personal choice. There has also been a growing awareness of the fact that normal pupils present an infinite variety of social and personal problems with which the existing services cannot possibly hope to deal but which might be ameliorated by personal counselling in the school and close liaison with the home. A number of schools in various parts of the country have appointed "teacher-counsellors" or "teacher-social workers" to meet this problem.

The responsibilities of teacher-counsellors will differ from school to school. They should be qualified to help pupils with personal problems, help them to gain insight into their own potentialities, needs and limitations, assist them in the choice of a suitable course of studies and of a future vocation, provide the Head and staff with the objective and systematic information needed for decisions about a pupil's future and act as a liaison officer between the school and specialist services such as the Child Guidance, Child Care or Youth Employment Services. Such courses as have been arranged for training teachers for counselling are intended to equip them with the background knowledge, the understanding and techniques necessary to perform these functions effectively.

For the immediate future the need is to gain experience of the rôle of counsellors in a limited number of, say four large secondary schools (over 900 on roll), and several teachers are available who have been seconded to courses of training as counsellors.

The Committee agreed to a limited experiment in the use of school counsellors in order to investigate the need for such appointments and a further report is to be made to Members after 12 months' time.

HANDICAPPED PUPILS

Review of Development Plan for Special Educational Treatment

In November, 1967 the Education Committee reviewed the services provided for Special Educational treatment in the County and the Report is given in Appendix G to this Report.

Blind and Partially Sighted Pupils

At the end of 1967 there were 28 pupils registered as blind, one more than in 1966. Of these 21 were at residential special schools, 1 at a day special school, 1 at an ordinary day school, and five, three of whom were under 5 years of age, were awaiting placement. Fifty-seven children were on the register as partially sighted, nine being newly assessed during 1967. Twenty-eight children were at residential special schools, 11 at day special schools and 1 at an ordinary school. In addition six were awaiting placement and eleven were not thought to require special educational treatment.

Deaf and Partially Hearing Children

During the year a unit for partially hearing children was opened at Mildmay County Infants' School, Chelmsford and approval in principle was given to the provision of a unit in the Thurrock Division when this is considered appropriate.

During 1967, two children were newly ascertained as deaf and 15 as partially hearing. At the end of the year 41 and 160 children respectively were so ascertained. Of the deaf children, 23 were at residential special schools, 16 at day special schools, one elsewhere and one awaiting placement.

The placement of the partially hearing children was 40 in residential special schools, 51 at day special schools, 22 at ordinary schools and one elsewhere. Four were awaiting placement and 42 were not regarded as requiring special educational treatment.

With regard to children with hearing loss, I am indebted to Dr. D. A. Smyth, Divisional School Medical Officer for South-East Essex, for the following report:—

"In this field it is pleasing to report the opening of the Partially Hearing Unit at the Edward Francis County Junior School on the 1st March, 1967.

There are two staff in the Unit; one teacher of the deaf and one Welfare Assistant.

Four children enrolled in March and this was increased to seven in September, 1967. Their ages range from eight to twelve years, and all except one attend full-time school.

Because of the wide range and different educational needs of the children, all teaching in the Unit is individual.

All the school staff co-operate to help these children in every way and close liaison is maintained between the Unit and myself, the peripatetic teacher of the deaf, various social workers, psychologists and audiologists.

Total educational progress has been hard to assess, the aims, on one hand of encouraging a high standard of speech development and number work and on the other hand to make the children 'normal' members of the school, often being opposed to one another. It follows that certain compromises have to be made.

Examination results have shown that the children fall into the lowest attainment groups in English and Mathematics in their integration classes, yet they gain much natural language and acceptable social behaviour by complete integration. Effort is made to try and keep the development of the whole child in mind and to revise constantly the arrangements for their education in the light of their social and academic progress.

Within the Partially Hearing Unit at Glebe School, several important staff changes took place during 1967. Miss Golland, teacher-in-charge of the Unit resigned and was replaced in September by Miss D. Bridges. The Head Teacher of the school, Miss M. Bayley, also left to take up another appointment and was replaced by Mrs. G. Pendred.

In January, 1967 there were five Junior children,
five Infant children,
six Nursery children (plus five hearing children).

The five junior children were transferred to the newly opened Junior Partially Hearing Unit at the Edward Francis school from the 1st March.

In February, two new three-year-olds in the Nursery came for half a day.

From September there were seven infants including two of the nursery children who had moved up, one new nursery partially-hearing child attending afternoons only, and six nursery children plus six hearing children—mostly part-time.

The teacher-in-charge of the Unit is supported by Welfare Assistants who accompany the infant children in the classrooms for integration.

One partially hearing child is integrating during the mornings for number work as well as the normal afternoon periods.

The little girl mentioned in the previous year's report who spent June to August, 1966 in Stanmore Orthopaedic Hospital and wore a plaster jacket upon her return to the unit in September is now seven years old and much stronger. She is able to remove her jacket at home but not at school, so her movements are still hampered by the necessity of wearing this special jacket which tends to make her 'top heavy' and necessitates the care of a Welfare Assistant.

The seven infant children are a very difficult group at the moment, being made up of three children with a profound hearing loss and four children who, because of their greater hearing, are able to progress at a faster rate.

The part-time nursery children are now attending for a full day and are happily integrating into the nursery.

I am indebted to Mr. Bevan and Mrs. Pendred, head teachers of Edward Francis Junior School and Glebe County Infants' respectively, to the Teachers of the deaf for both Units, and to Mr. Head, Peripatetic Teacher of the Deaf, for their assistance and co-operation throughout the year."

A report by Mr. B. R. Head on Partially Hearing Children may be found at Appendix H.

Delicate Pupils

At the end of December, 1967, there were 303 on the register as delicate pupils. Of these 204 were receiving special educational treatment, 20 were awaiting placement and 79 were not thought to require special educational treatment. Of those on the register, 68 were newly ascertained during the year.

The Branwood Open Air School at Thurrock continued to operate throughout the year and the following report has been submitted by Dr. T. D. Blott, Divisional School Medical Officer for Thurrock:—

> "The number of children on register fell slightly from 85 to 81 with 12 children on the waiting list at the end of the year. All of these children are between the ages of 5 - 7 years, the group for which there is the greatest demand for places.
>
> Remedial treatments, prescribed medicines and those children requiring daily rest all received attention.
>
> During the year a qualified nurse and a qualified occupational therapist were appointed. Further, one of the teachers is also a qualified physiotherapist, so that comprehensive treatment is offered to any child admitted to this school.
>
> Approximately 24 children attend Blackshots Swimming Pool each week, the majority of these children can swim and have gained certificates for distances up to half-a-mile. Some of the staff enter the water so that it has been possible to include some of the more heavily handicapped children in the group."

Educationally Sub-normal Pupils

Two hundred and sixty-seven children were newly ascertained as educationally subnormal during 1967 and at the end of the year there was a total of 1,096 receiving special educational treatment. Of these 775 were at day special schools, 229 at residential special schools, 68 at ordinary schools and 24 elsewhere. In addition there were 230 children awaiting placement and 106 who were not thought to require special educational treatment.

The list of schools in the Administrative County at the beginning of this Report shows that there are seven day schools and three residential schools for educationally subnormal children providing in all a total of 1,010 places.

I am grateful to Dr. J. L. Miller Wood, Divisional School Medical Officer for Mid-Essex for the following report on the Hayward School for educationally subnormal pupils:—

"There are now 101 children on the school roll and 10 children in attendance at the Diagnostic Unit.

The general health of the children has been good and there has been little absenteeism caused by sickness.

Regular medical inspections have been held by the School Medical Officer, Dr. M. Parkes, during the year and she has also visited the School at my request to see individual children.

As a result of examinations made by her, children have received treatment at Coval Lane Eye Clinic, Melbourne Dental Clinic and Broomfield Hospital.

In addition, Dr. Parkes has completed B.C.G. vaccinations for 12 senior children and the final medical and psychological examinations of seven children due to leave school at Easter, 1968.

There are now five epileptics on the school roll. They are well controlled by tablets and do not have fits in school.

Other treatments are supervised at school for the following reasons:—

A boy—Severe emotional disability.

A girl—Phenylketonuria.

An autistic girl—treated daily with Pyridoxine.

In addition, 324 children were treated in the medical room for minor cuts and abrasions.

There was one reportable accident during the year. A boy slipped from the bottom rung of the climbing frame and caught his chin on the lower bar. He sustained a cut under the chin and his bottom lip was perforated by the upper front teeth. The boy received treatment at the Casualty Department, Chelmsford and Essex Hospital.

All but three of the children at school have had audiometric tests. These three were unable to co-operate. As a result of the testing, 5 children were referred to the Otologist for further advice and possible treatment. There are now two children at school wearing hearing aids.

Unfortunately, Mrs. D. A. Hopkins, Health Visitor, left the area and is now no longer able to take the senior girls for dental, diet and personal hygiene lessons. Her work with the girls was invaluable and thoroughly enjoyed by them. It is to be hoped that arrangements may soon be made for another Health Visitor to carry on with her work.

The ten children at the Diagnostic Unit receive speech therapy from Miss S. Christie on Tuesday mornings, whilst 9 are treated by her at the main school on Tuesday afternoons.

General progress in growth and development is good, and apart from a very few problem families, the children are clean and well cared for and the parents co-operative and friendly."

The following is a report which has kindly been submitted by the Headmaster of the Cedar Hall Day Special School for educationally subnormal pupils:—

"The number of pupils entering Cedar Hall has steadily risen during the past year, necessitating the opening of one more class. This class accepting children who have passed through the Assessment Unit and are considered suitable for education at Cedar Hall.

The Assessment Committee, consisting of Mr. Manns, Divisional Education Officer, Dr. Smyth, Divisional School Medical Officer, a psychologist and the Headmaster, convene to consider the correct school placement of children who require some specialised educational treatment, in substitution for the education given in the normal school, and furthermore, to discuss the future of children who are already pupils at Cedar Hall.

The excellent personal relationship with parents continues, one aspect of which will suffice. In a talk to parents the Headmaster suggested that no sweets or snacks should be given to children to bring to school and that no tuck would be sold at school. These measures coupled with cleaning of teeth after the mid-day meal resulted in the visiting Dental Officer reporting a very high standard of dental hygiene.

Children have paid educational visits to Southend Airport, Festival of Flowers, Southend Illuminations, and the Essex County Show, whilst older boys carried out a week's visit Youth Hostelling in Kent. Children are encouraged to use local libraries and to this end children use the Public Library in Rayleigh.

Cedar Hall is causing a great deal of interest to be shown in the facilities available and visits have taken place from Mr. D. N. Bungey, Chief Education Officer, Miss A. M. Bickersteth, Principal Administrative Officer, Special Services, Branch Officers from the Bristol, Norfolk and Southend Education Authorities, whilst students in training are using the school in increasing numbers.

One interesting educational fact is that children who came to Cedar Hall at a young age now have a higher reading age than children who had passed through the Infant, Junior and part of the Secondary stage before entering Cedar Hall."

Children ascertained as not suitable for education in school

During 1967, 49 children were ascertained as unsuitable for education in schools and referred to the Health Committee. In three instances, children already referred to the Health Committee were re-admitted to the educational system.

Maladjusted Pupils

At the end of 1967, there were 362 children on the register as maladjusted pupils. Of these 95 were newly ascertained during the year. 283 were receiving special educational treatment, 52 were awaiting placement and 27 were not thought to require any special educational treatment.

The Doucecroft Hostel at Kelvedon continued to accommodate 15 maladjusted boys, who reside there during term time, and attend local schools. The following is an extract from the report which has been received from the Divisional School Medical Officer in regard to this hostel:—

"Doucecroft Hostel accommodated 15 maladjusted boys who reside there during term time and attend local primary, secondary and grammar schools.

Two boys were discharged in December, 1966 and five were discharged during 1967. One of these boys was transferred to Nazeing Park School. One boy removed to Canada. Two boys were removed against advice. The others left because they had reached school leaving age, or had improved.

Seven new boys were admitted during 1967.

Dr. Vincenzi gives psychiatric advice and sees the boys at the request of the Warden.

One boy was admitted with a hearing loss, and wearing a hearing aid and he is being seen by the peripatetic teacher of the deaf. One boy has a home tutor. One boy is an epileptic and is having treatment. One boy attends the Heath School daily with special transport.

During the year there has been no change of staff.

The staff, and especially the Warden and the Matron have continued to work devotedly to help the boys in the Hostel."

Epileptic Pupils

At the end of the year there were 42 children on the register ascertained as epileptic, six having been newly ascertained during the year. Thirteen children were receiving treatment at special residential schools, two at special day schools and three elsewhere. In addition, two were awaiting placement and 22 were not thought to require special educational treatment.

Physically Handicapped Pupils

The placement of the 179 physically handicapped pupils receiving special educational treatment was 81 at residential special schools, 60 at day special schools, 13 at ordinary schools and 25 elsewhere. There were also nine children awaiting placement and 141 not thought to require special educational treatment. During the year 46 were newly ascertained, 12 of whom were under five years of age.

Details of all categories of handicapped pupils and their placement are tabulated at Appendix I.

B.C.G. VACCINATION

The arrangements for the vaccination to give protection against tuberculosis to school children and students in attendance at establishments for further education continued throughout the year.

The under-mentioned table gives details of the vaccinations carried out:—

Division (1)	*Number of children skin tested* (2)	*Positive reactions at preliminary test*		*Number of children who received B.C.G. vaccination* (5)
		Number (3)	*Percentage* (4)	
North-East Essex	524	44	8.4	466
Mid-Essex	2,756	265	9.6	2,490
South-East Essex	920	50	5.4	811
West Essex	776	83	10.7	621
Harlow	1,239	28	2.3	1,080
Thurrock	1,401	111	7.9	1,196
Basildon	962	75	7.8	817
Colchester	1,055	16	1.5	988
Administrative County	9,633	672	7.0	8,469

INFECTIOUS DISEASES

The Table in Appendix J to this Report gives the number of notifications of infectious and other notifiable diseases received during 1967 in respect of school children. It will be noted that the number of cases of measles was much greater than in 1966 when the figure was 2,167. It will also be noted that the number of cases of whooping cough were considerably more.

HEALTH EDUCATION

The expansion of the Health Education programme in schools, technical colleges and youth clubs continued throughout the year and covered a variety of subjects including sex education, drug addiction, smoking and health, parentcraft, personal hygiene, nutrition and human relationships. The success of this programme is due in no small measure to the enthusiasm of and recognition by the head teachers and responsible members of staff.

In February, 1967, senior school head teachers and youth leaders were invited to a preview of films and discussion at the Health Education Centre on the "Misuse of Drugs" by teenagers. As a result of these meetings arrangements have been made for further talks and information to be given in each Division and Excepted District.

An extensive programme for closed circuit television in schools has been undertaken by the County Council. Training courses of 12 weeks duration are arranged for teachers to assist in the production and direction of suitable programmes and an invitation was extended by the Chief Education Officer to the Health Education Organiser and two members of the health education staff to attend such a course with a view to suitable health education programmes being televised in schools.

The extensive dental health programme being undertaken in the West-Essex Division is progressing satisfactorily and further reference to this is made in the Principal School Dental Officer's report.

In a number of secondary schools, health education courses have been held. These are normally of 10 weeks' duration and include the following subjects:—

Elementary Anatomy and Physiology
Baby care, sleep, diet
Smoking and Health
Drugs
Alcoholism
Relationships—attitudes to employers, parents, etc.
Relationships—with opposite sex
Promiscuity and Venereal Disease
The Health Services.

These courses have proved to be very successful and a further programme along similar lines has been arranged for other secondary schools within the administrative county.

At Thurrock Technical College, a 12-week course held on one evening each week covering a wider range of subjects for teachers and lecturers was successfully completed.

In North-East Essex Division, a further campaign on Smoking and Health, aimed especially at the 10 to 13-year-old age group is being arranged. Factual information on this subject is presented to one class of the school at a time concluding with a request to the scholars to discuss what they have been taught with their parents, teachers and amongst themselves before members of the health education team return to the school for a final question period.

The courses and exhibitions which have been undertaken by the staff of the central office of the Health Department have included 107 film shows all of which were to supplement the many facets of health education.

PHYSICAL EDUCATION

I am indebted, as in previous years, to the Chief Education Officer for the Report (Appendix K) by the Senior Advisers of Physical Education.

ROAD ACCIDENTS

Once again I have to thank the Chief Constable of Essex for the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1967 there were 17 fatal accidents. Of the children concerned, 12 were killed as pedestrians.

Child pedestrians injured	588
Child pedal cyclists injured	280
Children injured (other than as pedestrians or pedal cyclists)	355

Casualties by age groups, 1967

0—1	15 (1)
1—2	34 (1)
2—3	71 (2)
3—4	81 (1)
4—5	81
5—6	83 (2)
6—7	117
7—8	105 (3)
8—9	73 (2)
9—10	84 (2)
10—11	92
11—12	78 (1)
12—13	102
13—14	103 (1)
14—15	104 (1)
Total	1,223 (17)

The figures in parentheses denote the numbers killed.

The main causes of these accidents and the age groups involved were as follows:—

	Pedestrians	
	0-5 years	*6-15 years*
Pedestrians crossing road *not* masked by moving or stationary vehicle	63	227
Pedestrians crossing road masked by vehicle	54	129

	Pedal Cyclists	
	0-5 years	6-15 years
Turning right without due care	—	57
Not paying attention	—	25
Cyclists pulling from nearside or offside without due care	—	14
Cyclists turning left without due care	—	20
Losing control or inexperienced	—	22

Children under 15 were involved in 1,132 accidents, children 0—5 years were responsible for 144 accidents and from 5—15 years for 652 accidents.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1967

The Report for the year 1967 shows no overall change in the Service, the worst areas still being Harlow and Thurrock, and the problem of recruitment to the service is as bad as ever. The latest Whitley award has made no difference in the administrative county, and the very recent granting of "London weighting" to staffs of appropriate authorities will certainly not stimulate recruitment in this County generally.

Other Branches

Liaison with other branches of the profession was maintained by attendances at meetings of general dental practitioners, hospital dental surgeons, and academic staffs. The interchange of ideas is a good thing, and although this entails much evening work it is considered well worth while in the interests of the service.

Staff

The establishment remains at one Principal School Dental Officer, eight Area Dental Officers, and 40 Dental Officers to cover the whole of the County Council's statutory obligations. At the end of the year the staff in post for the School Dental Service was the whole-time equivalent of 28.3, including 20 employed on a sessional basis. Mr. S. P. Chatterjea was appointed to the post of Area Dental Officer, South-East Essex, and Mr. M. M. Ashar was appointed Area Dental Officer, Harlow. Special mention should be made here of the retirement from the post of Dental Surgery Assistant at Colchester of Miss V. M. Wilby after 27 years with the authority, and she goes with best wishes for a happy retirement.

Note—All figures appearing within parentheses hereunder refer to 1966.

Statistics

110,618 (111,878) pupils were inspected during the year. Of these, 47,134 (50,244) needed treatment, and 24,653 (26,121) received treatment. The ratio of permanent teeth filled to those extracted coincided with last year, i.e. 9.0 to 1.

General Anaesthetics

The safety factors of either two dentists or one dentist and one doctor working together, and the regular inspection of machines by the makers, continues. 6,048 (5,968) administrations were given for school children attending the clinics. There are peculiar difficulties attaching to the anaesthetising of ambulant, unsedated young children.

Orthodontics

The demand for this type of treatment continues, and the careful choice of children is necessary so that discontinued cases are kept to a minimum. 258 (271) cases were completed during the year.

Residential Schools

All the special schools under the care of the Committee have adequate dental cover, as have the secondary modern boarding schools.

Dental Appliances

During the year the Barking Dental Laboratory finally closed down, and all the appliances now fitted by the staff are made by technicians to the profession. 65 (94) dentures and 620 (584) orthodontic appliances were fitted for school children.

Premises and Equipment

The Authority now has 39 premises with one dental surgery each and 10 with two surgeries. The new Central Clinic at Colchester, with two surgeries, was opened in April, and the new clinic at Tilbury which has one surgery was opened in April. Both premises are modern and equipped appropriately.

The premises of general practitioner dentists at Brightlingsea, Clacton and Caversham (near Reading)—the latter for the treatment of Kennylands school children—are hired on a sessional basis by the Committee. The medical room at Stansted Secondary School was also used on a sessional basis, and the willing co-operation of the Headmaster is acknowledged.

The equipment now being installed in new surgeries is suitable for the so-called four-handed dentistry, where the dentist and the dental surgery assistant work in very close contact with the patient, who is usually in the supine position.

Ionising Radiation arising from the use of X-Rays

The dental section is the only one in the Authority to use X-rays in which connection 2,922 X-rays were taken for diagnostic purposes. The previous arrangements for monitoring the staff involved, and the inspection of machines, continued and there is nothing untoward to report under this heading.

Post-Graduate Courses

The British Paedodontic Society held an International Symposium on children's dentistry in April at which there were representatives of 16 nations, and included in the audience were two from this authority. Indeed, this meeting has stimulated a projected "International Forum of Dentistry for Children". Two members of the staff attended the conference of the British Dental Association held at Birmingham University. One member of the staff attended a British Dental Association study course on administration. Several Dental Surgery Assistants attended courses leading to the Certificate of Proficiency issued by the Society of Dental Surgery Assistants.

Research

In May, 1962 approval was given on behalf of the Education Committee to the participation of certain schools in the administrative county in a clinical trial which Professor Geoffrey L. Slack, Dean of Dental Studies, London Hospital Medical College (University of London) Dental School, proposed to carry out on girls of grammar school age to test the efficacy of a toothpaste containing a fluoride salt. In July this year Professor Slack and four of his colleagues published, in the *British Dental Journal*, a full account of the trials and the conclusions reached. Professor Slack has been kind enough to let us have a summary of this highly technical report, and this is printed in full as Appendix F.

In 1965 the Health Committee agreed to a number of Dental Officers and Health Visitors assisting a team from the Dental Department of the University of Liverpool, under the leadership of Mr. D. H. Goose, Senior Lecturer in Preventive Dentistry. This research was directed into infant feeding methods and the incidence of dental decay in very young children. The results of the use of sugary solutions with feeders, dummies and bottles were investigated. The result of this research has just come to hand at the time of writing and will be reported at greater length later. The incidence of dental decay in very young children has, of course, a direct bearing on the dental load undertaken by the school dental service.

Dental Health Education

There is now hardly any doubt that the tooth decay forming sequence starts with the intake of refined sugar, and any method available to rid the mouth of the substance in its several forms will be to the good. This may be done personally by rinsing, teeth brushing, or finishing a meal with a cleansing, fibrous food, such as apples or celery, and this is the basis of our teaching.

The campaign in Chigwell, which started in 1966, continues, and all the primary schools have now been visited. Fairmead Secondary School at Chigwell had a very full week of dental health instruction, when the Head Teacher and his staff gave their wholehearted support and we were encouraged by the reaction of the older pupils to this form of instruction. The work at Fairmead was also a first-class experience to us in advancing our knowledge of teaching dental health in secondary schools. Other such schools are to be visited in due course.

The sale of toothbrushes in clinics continues.

Like most other subjects dealt with under the general title of Health Education, this teaching is fairly readily accomplished. The big task is to translate this knowledge into action, and anyone who undertakes this work expecting to get quick results is, I am afraid, doomed to disappointment. This is work to be measured in decades and not years, but if one believes that prevention is better than cure then the work should continue.

Extension of the Service

At a later date, when the financial climate allows, consideration may well be given to the employment of Senior Dental Officers, dental auxiliary workers, the institution of special clinics with the advantages of intravenous anaesthesia (if required) for the treatment of handicapped persons, the setting up of a County Dental Laboratory, the use of mobile dental clinics, and an extended dental health section. These are all practical steps well within the capacity of the Department. Epidemiological studies are expensive in terms of time, but in appropriate circumstances are well worth while.

The practice of dentistry is being advanced by its own research, but this will be of no avail in the long term if the practices and precepts of its practitioners are not of the highest ethical order. The practitioners of dentistry for children carry a particularly heavy responsibility in this context and should not be turned aside by uninformed criticism from whatever quarter.

APPENDIX A

Health Supervision of School Children by Selective and Routine Examination : Comparison of Results

The purpose of this enquiry was to compare the effectiveness of selective with that of non-selective medical examination of children in Colchester schools during the intermediate period of school life. The results of the routine leavers inspection as measured by the effective yield of new defects were also reviewed.

In a recent evaluation of periodic (routine) medical inspection in Birmingham by Dr. Patricia Asher (Medical Officer, June 16th, 1967), she concluded *inter alia* that "except in the poorest neighbourhoods, family doctors had discovered more defects than had school doctors, that the yield of treatable defects (presumably defects not already being dealt with outside the school medical service) among older children in residential areas is so low that routine P.M.I.'s among such children are unjustifiable and that the time saved could be better spent with necessitous (? unfit) children in improving standards of follow up." Her conclusions are relevant to the subject of this enquiry and in regard to the paucity of treatable defects discovered at the leaver inspections irrespective of the form of supervision at the intermediate age groups the findings are closely in accord with those of the Birmingham survey.

A revised system of medical supervision incorporating the use of a questionnaire and selective examination was introduced experimentally at two Colchester schools in 1957. In 1962 the system was substantially modified and was extended to include about half the schools in the town. Briefly the arrangements as amended were as follows:

(a) A health questionnaire was circulated for completion by parents at ages 5, 7, 10 and 14 years.

(b) A routine medical examination was carried out at age 5 years (not earlier than the second term after entry), and a "health interview" with the option of physical examination or such other investigation as circumstances required, at age 14 years. Scrutiny of the completed questionnaire was an integral part of these inspections.

(c) Instead of the intermediate P.M.I. the information furnished by the two intermediate age questionnaires (at 7 and 10 years) was examined by the S.M.O. in conjunction with the school medical record (form 10M) together with any information supplied by the teaching staff, health visitor or school nurse. A decision was then taken whether to proceed with a full examination or such further investigation as seemed appropriate, or to take no further action.

Administratively the system worked well. Co-operation was readily forthcoming from parents and school authorities, the completed questionnaires were

in the main (but not invariably) frank and informative and where further investigation was thought necessary, the parent nearly always attended with the child or alternatively gave reasons why attendance was thought unnecessary.

Furthermore, the system was time-saving. In an assessment of this factor in Colchester during 1966 it was estimated that the saving in the doctor's time by use of the selective procedure in lieu of routine medical inspection was of the order of 30%. The saving in the school nurses' time (to say nothing of that of the school staff and parents) would be even greater, since she would not be concerned with the scrutiny of the questionnaires and health records. In March, 1967 selective examination in the intermediate period was accepted by all medical officers in the Division and introduced into all schools (except for the time being at schools supervised by two medical officers). But for administrative reasons—clerical staff shortage—it was found impracticable to use questionnaires for the two age groups 7 years and 10 years, such as had been practised in Colchester during the experimental period. The desirability of a health review at age 10—11 years, selectively or by routine examination is not in question, nor at present is it likely to be questioned. It was accordingly decided to retain the 10 years questionnaire and, pending consideration of its justification in the light of the Colchester experience, to omit the 7 years' questionnaire.

A detailed examination of the results of the selective system in respect of 7-year-olds in Colchester schools during the period 1965—1967 has now been completed. Of 483 questionnaires completed and returned, 68 children were seen at the school clinic by invitation or at the request of the parent. Advice by the S.M.O. with or without subsequent follow-up was noted in 47 instances. Fifteen children were referred to the G.P. or a specialist for further investigation or for treatment and in 6 cases the records were not available for scrutiny. In 28 instances, the parent indicated on the questionnaire her wish for a consultation with the School Medical Officer.

These results would seem to justify the case for selective health review at age 7 years irrespective of a further review at age 10-11 years.

An attempt was made to compare the merits of selective examination as now practised in Colchester with that of routine examination of 10—11-year-olds. The best way of doing this would be for an independent assessor to examine pupils who had recently undergone an intermediate (routine) P.M.I. and a comparable group who had been subject to selection. A modification of this ideal arrangement, but probably sufficiently illustrative for all practical purposes, was to examine the record findings at the leaver inspection in regard to pupils who had undergone either one or the other method of health supervision. A significant difference in the incidence of important defects requiring appropriate action which should have been discovered or remedied at the earlier age by routine examination on the one hand or by selection on the other might reflect the relative merits of the two systems.

To this end, the findings at the 1966 inspection in respect of all leavers attending secondary schools in Colchester were scrutinized. In all, 1,036 records were examined of approximately equal numbers of boys and girls in 8 modern schools and 3 grammar schools. Six doctors were concerned in those leaver inspections and it may be assumed that the proportion of children attending for leaver inspections who had been subject to selective supervision and those who had had a routine P.M.I. at age 10 years would be about the same for each doctor. The results are shown in Tables 1 and 2.

In assessing results the pupils were divided into three categories (Table 1 below).

(a) those who had had a routine intermediate examination

(b) those who had been subject to selective examination at 7—8 and again at 10—11 years; and

(c) those who were examined for the first time at the leaver inspection (mostly transfers from independent schools) or regarding whom there was no record of any intermediate examination routine or other mostly transfers from other areas.

The figures shown under the column "recorded defects" do not include visual or dental defects and minor ailments (as generally understood by that term) not affecting general health or requiring specialized treatment, e.g. verrucae, fungal infections of the feet, postural and orthopaedic defects of minor character on which no action was taken etc. The inclusion of these would of course have sizeably swollen the numbers.

Where there was more than one defect in an individual pupil, the apparently principal or governing one was selected for inclusion in the tables. No multiple recorded defects presented any real difficulty in selection; if so, the fact would have been recorded.

Inasmuch as health standards are influenced by socio-economic environment, it is possible that the relatively high proportion of pupils in group (c) who had transferred from fee paying schools—about 50%—may have vitiated, but probably not significantly, the true comparability of the percentage of defects among this group compared with that among groups (a) and (b).

Group (b) (selective examination) was considerably smaller than group (a) (routine intermediate examination) because during the relevant period, the scheme was restricted to Colchester schools covered by only one medical officer.

Table 1

Group	*Examined*	*Recorded defects*	*Percentage*	*Pupils Referred for investigation or treatment*
a	576	109	19	7
b	258	43	16.7	2
c	202	38	19	3
Total	1036	190	18.3	12

Table 2 shows a breakdown of the number of defects irrespective of their grouping among pupils attending 8 secondary modern and those attending 3 grammar schools. The grammar schools are Colchester Royal Grammar (boys), Colchester High (girls) and Gilberd (mixed).

Table 2

Schools	*Examined*	*Recorded defects*	*Percentage*	*Referred for investigation or treatment*
Grammar (3)	323	48	14.8	2
Modern (8)	713	142	20	10

Of the 190 recorded defects representing 18.3% of the series, 122 had been previously recorded on form 10M, that is the defect was already known to the school health authorities and of these 66 were being treated or otherwise cared for by the family doctor or at a hospital. Reliable information as to the number of noted defects discovered outside the school health service was not obtainable from the records but from the evidence available the proportion was probably not only high but included nearly all the defects of major importance.

Thus, of 1,036 children seen at the school leaver inspection only 68 were found with defects (as defined) not hitherto known to the school medical service and of these only 12 (among 12 children) were deemed of sufficient significance to be referred by the S.M.O. for treatment or further investigation. The 12 defects are listed below. With the possible exception of the two maladjusted none could be described as of serious health significance.

Maladjusted 2
Flat foot 2
Otitis media 1
Enl. cerv. glands 1
Dysmenorrhoea 1
Undescended testicle 1
Migraine 1
Meibomian cyst 1
Defective physique 1
Hallux valgus 1

There was no significant difference in the proportion of recorded defects or of referred pupils between any of the three groups, from which we may reasonably infer that those subject to selective supervision or for that matter (subject to the reservation mentioned above) those who had had no kind of intermediate inspection or supervision were at no disadvantage clinically apparent to the examining medical officer compared with those who had received an intermediate P.M.I. In all groups the low incidence of defects requiring treatment or specialist investigation was noteworthy especially among pupils from grammar schools. Also noteworthy was the high proportion of recorded defects diagnosed and treated prior to the leaver inspection, probably in the majority of cases by agencies outside the school medical service.

These findings are closely in agreement with those of Dr. Asher in Birmingham and lend strong support to her conclusions. If the situation is of general application, then it is indeed evident that routine P.M.I.'s (other than a full examination at or about the age of school entry) are not only time wasting but do not now achieve any worth while object except possibly—and only possibly—in the case of communities whose health standards and social circumstances give rise to special problems e.g. recent immigrant populations.

The G.P. and hospital services, now freely and universally available, have made it possible for the school health service to operate in regard to its general health supervisory functions primarily in a preventive capacity, as indeed has always been the intention. But because of its traditional organization on the basis of routine medical examination of all children at fixed intervals in their school career there has been a strong tendency to give undue prominence to the listing of established defects frequently when appropriate action has already been taken elsewhere. A service that is truly preventive should be developed on the principle of continued supervision of the child's health throughout school life according to need, and there should be special supervisory provision for the vulnerable minority (amounting in Colchester to perhaps upwards of 20% at entry and 10% at leaving age depending on the locality) at the expense of the less vulnerable majority. This is to be achieved by a careful assessment of the child's health based on clinical findings and reports from all available sources at the initial entry examination, followed thereafter by selective supervision, the nature and frequency of which would vary according to individual needs. Periodic health questionnaires as now in use would be a necessary adjunct to the system, and the "health interview" for all pupils (as above described) should replace the traditional P.M.I. at the leaver age. (The question of replacing in due course a routine by a discretionary leaver interview should be kept in mind).

Finally, there will be required a much more effectively organized and maintained system of case-note keeping, observation and follow-up than we have at present, and changes in administrative procedure and filing methods will be necessary to ensure that the vulnerable elements are kept under adequate review.

APPENDIX B

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1967

Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A.—Periodic Medical Inspections

Age Group inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	259	258	1	—	—	12	12
1962	5,599	5,589	10	—	94	356	428
1961	9,829	9,812	17	—	155	450	572
1960	2,061	2,059	2	15	41	81	105
1959	488	487	1	152	16	15	31
1958	211	211	—	49	3	16	18
1957	2,605	2,603	2	152	64	64	111
1956	6,095	6,090	5	34	201	191	374
1955	2,960	2,958	2	67	173	159	322
1954	1,186	1,186	—	—	62	72	127
1953	2,765	2,754	11	—	146	113	250
1952 and earlier	7,594	7,578	16	—	486	262	725
TOTAL	41,652	41,585	67	469	1,441	1,791	3,075

Col. (3) total as a percentage of Col. (2) total—99.84%

Col. (4) total as a percentage of Col. (2) total—0.16%

Table B—Other Inspections

Number of Special Inspections	6,044
Number of Re-inspections	11,395
Total	17,439

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	156,597
(b) Total number of individual pupils found to be infested	365
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	35
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	7

Part II—Defects found by Medical Inspections during the Year

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections								Special Inspections	
		Entrants		Leavers		Others		Total			
		*(T) (3)	*(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(O) (12)
4	Skin	72	610	114	348	122	376	308	1,334	202	62
5	Eyes—a. Vision	318	1,324	614	636	509	834	1,441	2,794	102	380
	b. Squint	99	346	18	51	39	77	156	474	8	16
	c. Other	10	88	3	93	7	102	20	283	3	17
6	Ears—a. Hearing	115	632	24	72	42	163	181	867	66	85
	b. Otitis Media	26	547	6	56	6	155	38	758	4	23
	c. Other	5	128	5	46	27	61	37	235	2	12
7	Nose and Throat	172	1,884	37	226	63	524	272	2,634	63	140
8	Speech	155	364	4	42	18	87	177	493	46	46
9	Lymphatic Glands	6	430	2	51	1	126	9	607	4	24
10	Heart	33	326	6	90	12	177	51	593	3	42
11	Lungs	46	543	10	104	11	188	67	835	12	40
12	Developmental—										
	a. Hernia	18	79	3	12	4	36	25	127	1	8
	b. Other	40	766	21	157	40	371	101	1,294	17	75
13	Orthopaedic—										
	a. Posture	11	116	21	117	21	127	53	360	4	24
	b. Feet	67	792	36	224	54	459	157	1,475	18	49
	c. Other	34	410	29	237	24	309	87	956	9	48
14	Nervous System—										
	a. Epilepsy	4	84	1	20	9	45	14	149	1	8
	b. Other	7	145	4	45	2	112	13	302	12	48
15	Psychological—										
	a. Development	27	270	2	88	9	173	38	531	26	91
	b. Stability	46	548	9	109	23	277	78	934	42	62
16	Abdomen	5	118	6	26	5	84	16	228	3	8
17	Other	25	91	37	66	9	91	71	248	55	82

*(T)=Treatment.

*(O)=Observation.

Part III—Treatment Tables

Table A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	3,247
Errors of refraction (including squint)	7,702
Total	10,949
Number of pupils for whom spectacles were prescribed	4,228

Table B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	44
(b) for adenoids and chronic tonsillitis	1,935
(c) for other nose and throat conditions	143
Received other forms of treatment	555
Total	2,677

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1967	30
(b) in previous years	214

Table C.—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments	2,278
(b) Pupils treated at school for postural defects	17
	2,295

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—	
(a) Scalp	2
(b) Body	—
Scabies	2
Impetigo	7
Other skin diseases	1,362
Total	1,373

Table E.—Child Guidance Treatment

	Number of pupils known to have been treated
Pupils treated at Child Guidance clinics	3,071

Table F.—Speech Therapy

	Number of pupils known to have been treated
Pupils treated by Speech Therapists	1,255

Table G.—Other Treatment Given

	Number of pupils known to have been treated
(a) Pupils with minor ailments	1,309
(b) Pupils who received convalescent treatment under School Health Service arrangements	109
(c) Pupils who received B.C.G. Vaccination	8,469
(d) Other than (a), (b) and (c) above:—	
Enuresis	378
Total	10,265

Dental Inspection and Treatment carried out by the Authority

Inspections

(a) Pupils inspected at school		87,393
(b) Pupils inspected at clinic		23,225
Number of (a) and (b) found to require treatment		47,134
Number of (a) and (b) offered treatment		45,150
(c) Pupils re-inspected at school or clinic		9,096
Number of (c) found to require treatment		4,803

Attendances and Treatment

Total visits		64,027
Additional courses of treatment commenced		2,992
Courses of treatment completed		21,601
Visits for emergency treatment		2,678
Fillings :		
(a) Permanent teeth	30,268	
(b) Deciduous teeth	21,407	
		51,675
Teeth filled :		
(a) Permanent teeth	26,111	
(b) Deciduous teeth	19,048	
		45,159
Teeth extracted :		
(a) Permanent teeth	3,010	
(b) Deciduous teeth	11,556	
		14,566
General anaesthetics administered		6,048
Pupils X-rayed		1,652
Prophylaxis		4,281
Teeth otherwise conserved		5,099
Teeth root filled		124
Inlays		22
Crowns		69

Orthodontics

Cases remaining from previous year	580
New cases commenced during year	455
Cases completed during year	258
Cases discontinued during year	48
No. of removable appliances fitted	613
No. of fixed appliances fitted	7
Pupils referred to Hospital Consultant	175

Prosthetics

Pupils supplied with full upper and lower dentures (first time)	2
Pupils supplied with other dentures (first time)	52
Number of dentures supplied	65

Sessions

Sessions devoted to treatment	9,679
Sessions devoted to inspection	1,908
Sessions devoted to Dental Health Education	121

APPENDIX C

School Meals Service

Miss A. J. Halsall, the School Meals Organiser, reports as follows:—

The number of children having a dinner on a typical school day in September, 1967 was 117,426 which represents 71.1% of the school attendance. This is an even larger increase than has been noted in previous years and would indicate the popularity of the school dinner as a "good buy". The charge for school dinners to day pupils in maintained schools has remained at 1/- throughout the year.

The increase in the numbers having meals is a reflection of the continued expansion of the Service and some 30 new kitchens have been opened during the year. Considerable progress has been made in the introduction of choice meals in secondary schools and there are indications that these are proving popular with the children. In some of the new secondary school extensions, it has been possible to provide special accommodation for 5th and 6th form children and there would appear to be appreciation of the standard of the meal and of the less formal surroundings which have been made available.

Training has continued over the whole county and tribute must be paid to the work which Miss Ritson has done in establishing and operating the training scheme over a period of nearly seven years. She left in September to become Senior School Meals Organiser in Norfolk. Her successor, Mrs. S. Sheffield, takes up work in January, 1968.

The number of children having milk continues to decline particularly in secondary schools and it is doubtless this trend which has influenced the decision to discontinue the supply of free milk to secondary schools as from September, 1968. The price of the meal will go up to 1/6 at the beginning of the Summer term, 1968 and changes are also being made in the allocation of free meals. It is likely therefore that the statistics for next year will show a very different pattern.

A summary of the relative figures on the consumption of milk and meals is given below:—

Date	*No. of Pupils*	*No. Having Dinner*	*Per cent. of Pupils Having Dinner*	*No. Having Milk*	*Per cent. of Pupils Having Milk*
Autumn 1960	283,523	141,158	52.6	218,427	81.3
,, 1961	273,139	143,444	52.5	223,879	81.9
,, 1962	266,838	147,569	55.3	220,007	82.2
,, 1963	261,110	147,668	56.5	217,203	80.8
,, 1964	271,695	161,461	59.4	220,913	81.1
,, 1965	154,360	100,382	65.0	122,847	79.5
,, 1966	158,283	107,608	68.0	124,981	79.0
,, 1967	165,067	117,426	71.1	129,852	78.7

APPENDIX D

Child Guidance Tables, 1967

Table 1—Cases referred, treated and closed at each clinic

	Colchester	*Chelmsford*	*Basildon*	*Grays*	*Harlow*	*All Clinics*
Cases referred during 1967	268	367	441	236	276	1,588
Cases closed during 1967						
Treatment complete	46	240	240	68	148	742
Treatment incomplete	111	80	350	69	43	653
Not treated	97	18	33	39	31	218
Total	254	338	623	176	222	1,613
Cases on the books at the end of 1967—						
Awaiting first appointment	68	10	71	23	22	194
Under treatment	83	432	547	120	331	1,513
Others	207	22	131	126	178	664
Total	358	464	749	269	531	2,371

Table 2—Cases referred by age, sex and Division

Division	*Under 5*		*Over 5*		*Total*
	Boys	*Girls*	*Boys*	*Girls*	
North-East Essex	7	8	85	46	146
Mid-Essex	29	15	216	96	356
South-East Essex	16	5	87	35	143
West Essex	7	1	75	28	111
Harlow	12	7	109	45	173
Thurrock	12	9	127	88	236
Basildon	44	11	171	75	301
Colchester	8	4	75	35	122
Admin. County	135	60	945	448	1,588

APPENDIX E

Report by Mr. George C. Robb, Psychologist to the Education Committee, on The School Psychological Service

The number of children assessed by the educational psychologists in 1967 was 2,069, in addition to which 508 interviews with parents have been reported. This figure includes 11 children from the Remand Home at Boyles Court.

Staff changes are specified within the reports of the relevant clinics.

West Essex

The year 1967 has been one of development in the School Psychological Service. There are now four psychologists in the area and it is becoming possible to give a better service in the outlying districts. All the psychologists spend part of their time in the urban and part in the rural schools.

It is no longer possible with the increase in staff, to give statistical details of the work that is done but an attempt will be made to give a broad outline of the kind of activities that are undertaken by the School Psychological Service.

There is a considerable degree of spontaneous and informal contact between the schools and the psychologists. Children are referred to the psychologists for a whole range of problems. The psychologists investigate each problem as it arises, in co-operation with the school staff, and increasingly, with the parents.

The recommendations of the psychologists cover a wide range. Sometimes the approach is through the parents and the home. Sometimes, suggestions as to teaching methods are made and individual children may be given spells of coaching by the psychologist. The one-time acceptance of the I.Q. figure as of paramount importance no longer holds and psychologists are more concerned with the quality of a child's intelligence and with his motivation and interest. Some psychologists combine coaching with therapy and much can be discussed with a child during an interview that is based on, but not confined to, an I.Q. test.

It is emphasised by the schools that communication with other agencies is still inadequate. In this connection, the Educational Psychologists consider that liaison is an important part of their rôle. An attempt is made to promote relationships with the Children's Department, the Probation Office, the School Medical Department, and, in a more systematic way, with the Child Guidance Clinic.

The School Psychological Service in West Essex and Harlow is responsible for a number of Opportunity Classes. These classes, which are able to offer full-time help to about sixty children in each year are proving their usefulness. Nearly all the children are able to proceed—from the classes—back

into the normal schools—with a substantial increase in confidence and reading ability. It is hoped to establish a new Opportunity Unit in Dunmow in the near future.

The psychologists have conducted a number of courses and have given a number of talks during the year, including a six-week course in Child Development, a Course on Remedial Teaching and talks on the work of the Child Guidance Service.

The Educational Psychologists are strengthening their association with the E.S.N. Day-School in Harlow and will, it is hoped, build up a relationship with the Day Training Centre in the future.

Loughton Hall—satellite of Harlow Clinic

During the year 1967 the Clinic at Loughton has been going at full stretch. There is still a part-time Psychiatrist and Psychiatric Social Worker, part-time Social Worker, and one full-time Psychologist. The area being covered is Loughton, Waltham Abbey, Chigwell and Epping.

Work with the schools and work in the Clinic is about twice as high and there has been some increase in advice to parents and schools on handling children and advice on curriculum.

	Cases seen — Total 799	
	In Clinic	*At School and Home Visits*
January to March, 1967	105	116
April to June, 1967	103	112
July to September, 1967	87	93
October to December, 1967	107	76
	402	397

As the psychologist has become fairly well-known in the area, in addition to being called upon to see children and parents to an increasing degree, a great demand has been made for him to give lectures. A talk was given at the Loughton College of Further Education to the Young Wives Club of Chigwell and Loughton. There was also a lecture on Race Relations at Clarence House, and six lectures as part of a Refresher Course for teachers and headmasters. There were certain other lectures which had to be given in the evenings mostly at Secondary Schools to parents.

North-East

The year 1967 has been one of consolidation rather than new developments.

Mrs. Hilary N. Bowden was appointed in September as part-time Psychologist, working two days per week and she has given us assistance by testing a number of children attending schools in the Borough of Colchester.

The Stockwell Street class has continued throughout the year. Mrs. Alley was appointed at short notice at the end of 1966 following the resignation of the previous mistress, Mrs. Bowden. Mrs. Alley had received special training for the Teaching of the Deaf; this has stood her in good stead in coping with the children's problems. We were very grateful to continue the class in 1967 as the class had appeared to be in jeopardy at the end of the previous year.

We have been pleased with the progress made by some of the children, though we have always been aware that progress is most likely to be very limited, knowing that all the children have marked learning difficulties.

One boy who used to give up trying when any task appeared to be a little hard has now changed his approach and is very keen to succeed. His progress measured in reading age is small, but the Headmaster and his school comment very favourably on his attitude to work.

Another boy who has attended the class since April, 1966 has received a large amount of Clinic treatment. He has, unfortunately, made little progress and has shown some behaviour difficulties. The problems of this lad have been discussed at some length at the Clinic and a number of methods have been tried. We now feel that there may be some constitutional factors that militate against him making reasonable progress; the home situation is also rather abnormal. He is now on the waiting list for a residential school for dull maladjusted boys. It will be observed that many of the problems of the Stockwell Street children are of a complex nature whereas the children themselves were originally referred for learning difficulties.

The remedial teaching service has been able to give considerable help to a number of primary schools. Mrs. Pollard who had been a considerable asset as a liaison officer, unfortunately, had to resign her full-time appointment owing to health reasons. She is, however, continuing as a part-time member of the team. Mr. Cole, a peripatetic remedial teacher in the Mid-Essex division, was appointed at the end of the year as successor to Mrs. Pollard.

The needs of three schools admitting Army children have been met to some extent by two part-time remedial mistresses serving these schools. The largest junior school, Monkwick, has also had the help of a remedial mistress for the whole of the year.

The particular difficulties of St. John's Green Primary School were considered. Many of the Army children attending this school present *social* problems. One of the Psychologists attended the meeting in December convened by the Army Education Officer when methods of helping these families were considered. It is felt that the children of these families need help before they attain school age.

The Psychologists continued to make regular visits to the Homestead and Heath schools. In addition to routine testing of new entrants and contributions to staff conferences, boys have been interviewed, re-tested and discussed with

various members of staff so that a comprehensive report can be sent to the Youth Employment Officer concerning boys who seem ready for employment, taking into account the stress involved in returning to an often still unsatisfactory home situation.

A number of children have been tested at the Children's Unit. A few of these children have been placed temporarily at schools in the Borough, and the Psychologists are grateful for this. The Psychologists have continued to test children due to leave Kingswode Hoe School. They have also been pleased to help in testing children at the Assessment Unit attached to this school.

Children in remedial classes have been tested and regular supportive visits made where these are available in secondary schools. This not only facilitates provision of work at a suitable level for backward and retarded children, but reduces the incidence of behaviour problems.

The additional supervision required by the remedial groups and the added pressure of work has meant the reduction of time spent on the research project. Only during school holidays has time been available for scoring the test material. The remainder will be completed and prepared for the computer as soon as possible.

The Committee may be interested in the following cases:—

A six-year-old boy was referred because he had difficulty in getting to school and appeared to have severe feelings of guilt and fears of death. The mother was interviewed and the root of the problem seemed to be her own recent operation and the fact that the boy's grandmother was also in hospital. When this was explained to the mother her own anxieties were reduced and she was able to talk frankly to the boy about his fears of death. The G.P. was also asked to reassure the child on his next visit and the Head Teacher was able to spare some time to talk to the mother when the journey to school had been particularly traumatic. The situation seems much improved and it does not at present seem that Clinic referral will be necessary.

A boy referred by the remedial teacher in a secondary school had previously been referred for poor attainments at the age of seven years. He was then discovered to be of average I.Q. but had some perceptual difficulties. Advice about methods and books had been provided. As no further report of difficulties was received from the school it was assumed that progress had finally been established. However, when he was seen at eleven years of age, he was still for all practical purposes a non-reader. Advice about methods was again provided, but the Psychologist agreed to see the boy at weekly intervals for special help.

A boy who was referred for backwardness was discovered to have a low average I.Q. but, because of probable minimal brain dysfunction, was having great difficulty in learning. Although the parents had always been something of a social problem, after several interviews and much persuasion they were

finally able to teach the boy to travel to the Stockwell Street class and with the help of the Clinic secretaries, to return safely alone at lunch-time. The parents recently attended the school medical examination for the first time

A mother who was secretary of a Young Wives Group asked one of the Psychologists to give a talk to her group. She further requested help with her son who was retarded in reading. The mother appeared to be over-anxious; she had had problems in bringing up a spastic older son.

A five and a half year old girl was referred by the School Medical Officer for nervousness, etc. Practical tests, etc. had to be used as the little girl appeared to have little knowledge of English. She was found to be very retarded; she spoke mainly Italian at home. Her elder sisters were making normal school progress. The child's difficulties were carefully discussed with the mother.

An intelligent first year junior girl was referred by the Headmaster for retardation in written work, etc. A reading difficulty was shown to be the main cause of her difficulties. Her parents were also interviewed; the little girl appeared to be under parental pressure to succeed. It was hoped that she could later enter a school for ballet dancers.

A primary school boy was referred because of irregular school attendance. His mother was interviewed and the boy's problems were discussed. The Headmistress felt that the boy would benefit from admission to a secondary modern boarding school. This was discussed with the mother; the psychologist was also in touch with the School Medical Officer.

The above cases which are not particularly exceptional all involved interviews with parents and/or other agencies. These interviews, although very necessary and often rewarding, take up an increasing amount of the Psychologists' time.

	Mr. Ward	*Miss Walshaw*	*Mrs. Bowden*
Number of children individually tested in schools in 1967	64	51	35

Mid-Essex

1967 was an eventful year because the first extension to the Clinic premises was completed and although this clinic is still short of room it has been possible to provide a more comprehensive service particularly in the sphere of remedial help and group play therapy.

Mr. Povey, one of the Psychologists attached to Mid-Essex and operating in the Brentwood area left the Essex service at the end of the Summer term and was replaced on September 1st by Mr. Cornwall.

The clinic has continued to be approached by University Departments to accept their students for their practical work in the field. During 1967 a student specialising in Educational Psychology at Birmingham University and another one reading Social Science at Southampton joined our ranks for a month each.

The clinic also had contact with the College of Further Education and the Youth Employment Service with a view to giving assistance in cases of vocational and personality difficulties

The children in attendance at the Hayward School, and particularly members of the diagnostic unit, have been kept under regular supervision and their specific problems have been discussed with the staff. It is a pity that the hope of starting one or two classes for Educationally Sub-normal children in Braintree as a nucleus for the day E.S.N. school to be established there, has not yet materialised. It would greatly relieve the pressure on the Hayward School and also eliminate the tiring journey to Chelmsford for children resident in Braintree. Maldon is another area where such a Unit would serve a very valuable purpose.

One of the Psychologists has been a member of a working party engaged on trying out the new British Intelligence Scale under construction at Manchester University. A sample of 30 children was tested on the new scale which is not yet in its final stages. It was necessary to have 3 or 4 sessions with each child.

Mrs. Crowe, one of the Remedial Teachers, left the Clinic at the end of July in order to take up another appointment, and Mrs. Underwood joined the staff to replace her. The remedial teachers are becoming more and more involved with educational therapy and the Psychiatrists refer children to them for group play therapy. They are a most enthusiastic team and there is a long waiting list of children who require remedial assistance. It even happens that children refer themselves when they observe the progress made by their classmates. The teachers also organise seminars for teachers whose pupils attend here, and these discussion groups are very helpful to teaching staff and enable the clinic to keep in close touch with the schools.

The four Peripatetic teachers working in the rural schools of Mid-Essex have maintained their monthly visits to the Child Guidance Clinic where they discuss their work with the Psychological staff, and the Educational Psychologist responsible for the Brentwood area has established close contact with the remedial teacher in charge of the remedial class based on one of the Brentwood schools. After having carried out a survey into reading attainments in Brentwood Junior Schools it was felt that the introduction of a peripatetic service for Brentwood schools would supplement the service provided by the remedial class which caters for the more severe cases of reading retardation as there appears to be a shortage of trained remedial teachers who would be in a position to deal with backward readers possibly on a part-time basis. A recommendation for the formation of a peripatetic service for Brentwood was submitted to the Divisional Education Officer.

The Psychologist in Brentwood has also discussed problems of common interest with the teachers undertaking remedial work in the schools of his area and this will be extended in the coming year in order to provide training in

basic techniques, etc. One of the Brentwood Secondary Schools has a School Counsellor on their staff and the Psychologist visiting that School has been able to discuss problems of adjustment with him.

He has also taken a special interest in pre-school play groups in the area and all the Psychologists feel that more nursery school accommodation, or in the absence of additional nursery school places, the establishment of further well-run pre-school play groups would play a most important part in giving young children the intellectual and social stimulation they so often lack in their homes and would often prevent difficulties of adjustment in later life. Application has also been made to the Divisional Education Officer for the creation of a nursery class to be attached to Pilgrims Hatch Infants' School as there appears to be a particularly large number of broken homes and fatherless families within the catchment area of that school.

A large section of the Psychologists' work has again been concerned with testing. Both intelligence and personality tests were administered and a few new tests were obtained and used during the year, e.g. the WPPSI, a test devised by Wechsler for pre-school children, infants and young juniors. The Psychologists still provide a psychological service for the Children's Department reception home and administer intelligence tests at the Boys' Remand Home in Brentwood.

The Psychologists also undertake a certain amount of therapy and take a few cases for remedial teaching. They also spend much time talking to parents. Lectures and talks to teachers and Women's Organisations were also arranged, and our full-time Remedial Teacher, Miss Zwarenstein, has addressed teachers at the Mid-Essex Refresher Course and on other occasions on the teaching of reading. She also visited the Chelmsford County High School where she addressed some of the Sixth Formers.

As an example of the range of work covered by a fully operative clinic the full details of the work of the psychologists at the clinic are appended:—

Clinic Test Interviews:	136
Treatment Cases:	9
Treatment Sessions:	122
Test Interviews for School Psychological Service:	360
Assessments for Boyles Court Remand Home:	11
Interviews with parents:	294
Referrals to Child Guidance Clinic for psychiatric diagnosis at Psychologists' requests:	85
Interviews with workers in allied fields:	134
Number of children seen by Remedial Teachers:	101
Number of interviews:	3,454

Basildon

During 1967 the following staff changes took place:—

Mr. Singer resigned in order to go to Israel in view of the mid-summer war

Mr. McCallum and Mr. Cooper resigned in order to return to Australia.

Mrs. Foote resigned in order to accept promotion to the post of Senior Psychologist of Southend L.E.A.

This has meant that no fully-trained psychologist worked full-time in this clinic throughout the whole year, and, therefore, a completely descriptive report is not available from this clinic.

An Assistant Educational Psychologist has done sterling work in this clinic and has benefited from the advice of Mrs. Foote, Mr. McCallum and Mr. Cooper and, subsequent to their departure, from the occasional supervision of Mr. K. Cornwall. It should be pointed out that Mr. Cornwall's immediate responsibilities are to the Brentwood area of Mid-Essex—by dint of extremely hard work he has kept the services of Basildon and South-East Essex going.

Thurrock—satellite of Basildon clinic

Staffing

1. The psychiatric side has been stable; all three psychiatrists, of consultant status, have continued.

2. Among psychologists, Mr. J. Ryan, who joined us in 1960, and to whom this clinic owes a great deal, left to take up a University position as Lecturer in Psychology. Mr. M. Woods joined Essex as Educational Psychologist and has been one day a week with us, seeing clinic as well as school cases. Miss J. Armstrong was seconded to the Educational Psychology Course at the University of Birmingham.

3. Miss Justiz is now Mrs. Powell and continues as psychotherapist.

4. We are still without a social worker.

5. Mrs. Higham, who joined in 1964 and settled well as the full-time secretary, continues and so does Mrs. Busby, whose stay has been even longer. Mrs. Edwards was appointed to succeed Mrs. Dawson, but she, too, has left for full-time work.

In addition to the normal work of the School Psychological Service and Child Guidance Service, the psychologists serving this clinic have carried on the work with which they were concerned in 1966 relating to the development of the new British Intelligence Scale. Other projects include an assessment of the utility of the Morrisby test with reference to the careers advice given children at the end of a fourth year secondary selective course and a detailed statistical analysis of the Bristol Social Adjustment Guide. As a result of this latter it may be possible, when the work is completed, to be able to identify much earlier than is currently the case, children who are maladjusted and since it is much easier to help such children if one can treat them earlier in the history of their difficulty this may prove to be a most valuable piece of work.

Dr. Siddiqui has tested all the second year junior school children in this Division. This is a large undertaking which is responsible for the number of

children he has seen individually being significantly reduced. Nevertheless the work is valuable since it is likely to result in a much clearer prediction being made possible about the number of children who would require special educational treatment and, as in the case of the maladjusted children, it will make early, rather than late, treatment possible.

General Comments

Of the six psychologists on the Basildon main clinic establishment five left during 1967. This has unavoidably entailed a lessening of the sense of immediacy of help which it is hoped Head Teachers feel. It is, however, the case that the recruitment position will significantly improve in the near future.

The Psychologist to the Education Committee has involved certain of his colleagues in the School Psychological Service and in the Inspectorate with certain courses organised as part of the in-service training programme. He has given many individual lectures to Parent/Teacher groups, Teachers' Educational Fellowships, D.E.S. Courses and has done much work in Colleges of Education.

APPENDIX F

Clinical Testing of a Stannous Fluoride-Calcium Pyrophosphate Dentifrice in Essex School Girls

Introduction

In October, 1962, a study was initiated in the County of Essex to test the value of a toothpaste containing stannous fluoride in the control and prevention of dental caries. Eighteen educationally selective schools in Essex were chosen, geographically placed from Harlow in the north-west to Grays in the south and Rayleigh to the east. The study was undertaken by the Dental Health Study Unit of The London Hospital Medical College under the direction of Professor G. L. Slack. Initially 1,013 children were examined and 961 children agreed to take part in the three year study. Toothpaste was provided free to the children and their families. There was a study toothpaste which contained stannous fluoride and another toothpaste identical except that it did not contain stannous fluoride. The children and their families did not know which group they were in, and neither did the dental surgeons who examined the children. The children were examined each year at their school in a mobile dental health clinic. Their teeth were examined and radiographs were taken. At the end of three years, after the final examination, the findings were analysed to find if the children using the study toothpaste had less carious lesions than the children using the control toothpaste. The Head Teachers and staff were very co-operative on all visits.

Findings

If one considered the clinical examination alone, then no differences could be detected between the two groups of children, but when the radiographs were examined, it was seen that after three years the children who had been using the study toothpaste had approximately $1\frac{1}{2}$ less decayed surfaces. This represents a difference of 36%. Statistically this was a significant difference although from a public health point of view, was not as beneficial as might have been hoped for. Nevertheless, the dental surgeons conducting the study feel that even $1\frac{1}{2}$ surfaces is of benefit and, therefore, would recommend the use of the toothpaste. In the published report, acknowledgements were given to the County Medical Officer of Health, the Chief Dental Officer and the Chief Education Officer of the County of Essex, to the area officers, headmasters and headmistresses, staff and children of Essex, for their outstanding co-operation in a prolonged clinical study which has been of great benefit in the providing of new knowledge.

APPENDIX G

Review of Development Plan for Special Educational Treatment

Section 11 of the Education Act, 1944 required every Local Education Authority to estimate the immediate and prospective needs of their area and draw up a Development Plan. The original Plan was approved by the County Council in April, 1947 and duly submitted to the Minister. The Plan was revised in 1950 in the light of the Minister's observations, and changing circumstances. The developments then proposed were arranged into three 5-year periods and revisions of the Plan were made in 1954 and 1960. Shifts in population and new towns, housing developments, changes in the age structure of particular areas, altered economic conditions, and the results of educational research have justified several changes in the proposals, and the County Council and the Department have readily accepted these on their merits without suggesting a frequent revision of the plan as a whole. Four of the projects listed below did not appear in the original plan, or even in subsequent revisions of it. It now seems appropriate to take stock of the progress which has been made towards realization of the plans originally made twenty years ago, and to examine afresh what still needs to be done, in the light of present day standards, to secure adequate provision of special educational facilities for the new County Area.

Progress since 1960

The table set out below lists:—

(a) the schools opened up to 1960
(b) those opened 1960-66.
(c) those in approved building programmes, but not yet completed.
(d) Projects in the Plan not yet programmed.
(e) New projects arising from the considerations in this memorandum.

(a) Opened to 1960

Date	*School*	*E.S.N.*	Mal.	*Del/P.H.*	*Deaf and Par./He.*
Pre-War	Grays Open Air School—Moved to S. Ockendon as Branwood School, September, 1964.			100 M.	
1948	Notley Hospital School			80 M.	
1952	*Ramsden Hall, Billericay	58 S.B. (half mal.)			
1952	*Nazeing Park, Nazeing		40 J.M.		
1953	*Hassobury, Nr. B. Stortford	65 S.G.			
1956	Homestead, Langham ...		45 S.B.		
1957	Kingswode Hoe, Colchester	132 M.			
1958	*Ogilvie, Clacton			90 J.M.	

Date	*School*	*E.S.N.*	*Mal.*	*Del/P.H.*	*Deaf and Par./He.*
1958	Moat House, Basildon	132 M.			
1958	*High View, Chigwell	120 S.B.			
1960	Grays, Treetops .... (being rebuilt for 160)	70 M. (90 M.)			
	Total	577	85	270	0
(b) Opened 1960-1966					
1963	Rayleigh Glebe Partially Hearing Unit				16
1964	Harlow, The Mead	112 M.			
1964	Chelmsford, The Hayward	112 M.			
1964	Aveley, Dacre	100 M.			
1966	*The Heath, Stanway		45 S.B.		
1966	Thundersley, Cedar Hall	132 M.			
1966	Harlow, Tany's Dell Partially Hearing Units				16
1967	Rayleigh Edward Francis Partially Hearing Unit				8
	Running Total	1,123	130	270	40
(c) Approved Building Programme not yet completed					
1965/66	*Darcy, St. Osyth (Completion 1969)	120 J.M.			
†1966/67	*The Wealden, Brentwood		45 S.M.		
1967/68	Chigwell, Great West Hatch (or alternatively use St. Nicholas Primary, Loughton)	120 M.			
1967/68	Wickford Day Special Sch.	120 M.			
1967/68	Basildon Day Special Sch.		50 M.		
1968/69	Clacton Day Special Sch.	100 M.			
1968/69	Brentwood Day Specl. Sch.	100 M.			
1969/70	Braintree, Bocking Hall School	100 M.			
1969/70	Harlow Day Special (2nd)	100 M.			
	Running Total	1,883	225	270	40
(d) Projects included in 1960 Revision of Plan, but not yet programmed					
Not Fixed	Senior Open Air (Day & Boarding)			100? delete?	
,, ,,	Basildon Day Physically Handicapped			60	
,, ,,	Harlow Physically Handicapped			60 (subject to further review)	
,, ,,	Maldon Day Special Sch.	80 M.			

Date	*School*	*E.S.N.*	Mal.	*Del/P.H.*	*Deaf and Par./He.*
,, ,,	Colchester/N.E. Essex Day (2nd)	120 M.			
,, ,,	Chelmsford Partially Hearing Unit				8
,, ,,	Colchester Partially Hearing Unit				8
,, ,,	Thurrock Partially Hearing Unit				8
	Running Total	2,083	225	490	64

(e) New Proposals not previously included in Plan

Not Fixed	Chelmsford Day E.S.N. (2nd)	120			
,, ,,	Basildon Day E.S.N. (2nd)	120			
,, ,,	Rayleigh Day E.S.N.	120			
,, ,,	Colchester Day Malad.		40		
,, ,,	Harlow Nursery Unit (Malad.)		?10		
,, ,,	Harlow Junior Unit (Malad.)		?10		
,, ,,	Harlow Senior Unit (Malad.)		?10		
,, ,,	Chelmsford Day Malad.		50		
,, ,,	Maldon Maladjusted Unit		20		
,, ,,	Braintree Maladjusted Unit		20		
,, ,,	Brentwood Malad. Unit		20		
,, ,,	South-East Day Malad.		40		
,, ,,	South-East Diagnostic Unit		?10		
	Running Total	2,443	455	490	64

* = Residential

† = Approval to the Wealden School has been deferred by the Finance Committee pending enquiries into pooling the cost.

Review of needs

(The numbers in parentheses indicate the number of ascertained children in Essex in January, 1967).

Blind (31)

The Committee have no schools of their own for blind pupils, but there are adequate facilities in various parts of the country for children between the ages of 2 and 20, and at various levels of intelligence. No great difficulty is experienced in finding places as required, and there are no grounds for suggesting any special provision by the Committee.

Divisional Recommendations:— NONE.

Partially Sighted (38)

Again, the Committee have no schools of their own for partially sighted pupils, but have no difficulty in finding appropriate places as required. 14 Essex children attend the Joseph Clarke School in Walthamstow daily and 12 the East Anglian Schools at Gorleston.

Divisional Recommendations:— NONE.

Deaf (52)

Improvements in medical treatment and hearing aids have tended to reduce the incidence of this handicap. Many children previously ascertained as deaf can now be classified as partially hearing and educated accordingly.

22 children (about half the total in schools and nearly all of the juniors) attended the Woodford School for the Deaf as day children or as weekly boarders. Another 16 attended either the Newham School, or the William Morris School, Walthamstow. There are 8 at the East Anglian School and others are individually placed at several other schools such as the Mary Hare Grammar School for the Deaf to meet special needs. There is no difficulty in finding suitable places.

There has been much discussion among parents in recent years about the establishment of a secondary modern day school for the deaf in the western part of Essex. The Committee have been unable to support this proposal on the grounds that the number of deaf children within daily travelling range will not reach the number (about 80) necessary for such an establishment. Any children sent to such a school would have to be withdrawn from other schools such as the Newham School for the Deaf. The latter school has been considerably improved in recent years and is being reorganised to take only children of secondary age. The William Morris School is being rebuilt as a primary school, with residential accommodation.

Divisional Recommendations:— NONE.

Partially Hearing (62)

The incidence of this handicap has remained fairly static for a number of years. The number now includes many children previously ascertained as Deaf, but has been reduced to a similar extent by those who, with the improved hearing aids, do not need special educational treatment at all.

It has for a number of years been the policy of the Committee and of the Department of Education and Science that deaf and partially hearing children should attend separate schools. Although this has not always been achieved in the past it is one of the reasons why a new secondary modern school for the deaf in Essex is not a practicable proposition—the number of deaf children alone would not make a viable unit.

Similarly this thin spread of partially hearing children makes full-scale day special school provision impracticable in other than very large centres of

population. 10 Essex children attend the William Morris School, Walthamstow and 17 children attend the Woodford School for the Deaf as day pupils or weekly boarders. Little difficulty is usually experienced in finding suitable places for these children when they reach secondary school age but this often entails use of boarding schools such as the Tewin Water School in Hertfordshire.

As an alternative to boarding education for children out of travelling range of a Day Special School for Partially Hearing Children, and indeed, in some cases as a preferable alternative, the Committee embarked in 1964 on a programme for establishing small Units for Partially Hearing Children attached to certain day schools. A unit for Infants had already opened at the Glebe School, Rayleigh in 1963 and a Junior Unit, to which the infants will progress was established at the new Edward Francis School, Rayleigh, early in 1967. If necessary, a Senior Unit will be established in the vicinity later on. Similarly, Infant and Junior Units were established at the Harlow, Tany's Dell School in September, 1966 with a Senior Unit to follow in the Harlow Burnt Mill Comprehensive School in 1968. The plan agreed by the Committee provides for other units to be established in Chelmsford (which will now open as soon as a teacher is available) and in Colchester when the number of known cases in those areas justifies it and a further unit for the Thurrock area has recently been approved in principle. The Audiology Clinics already established in Chelmsford and Colchester are bringing further cases to light of children who would benefit from admission to such a unit. The National Deaf Children's Society have agreed to donate £250 to the County Council towards the setting up of a Chelmsford Unit.

The Audiology Service now has established Clinics in Rayleigh, Chelmsford and Colchester. A further Clinic is likely to be established at Harlow within the next year or two.

The Committee now have four peripatetic teachers for partially hearing children (including one designated as "advisory teacher"). This establishment was fully filled in January 1967. These teachers have a case load approaching 200 children between them. It is quite clear that since the first appointment was made in 1960 these teachers have been able not only to assist children who would otherwise have had to attend a residential special school but to reduce the number of children requiring admission to a special school.

Divisional Recommendations:— NONE.

Delicate (197) and Physically Handicapped (135)

The virtual eradication of malnutrition and tuberculosis, and other general improvements in the health of school children in recent years which owe much to the effectiveness of the School Meals Service, have considerably reduced the demand for "open-air" schools providing only for delicate children. It is now general practice to consider the two categories together and to provide for both in the same schools as far as possible.

Ogilvie School, Clacton, provides for most of the delicate and some of the mildly physically handicapped junior children, who require residential placement, but the nature of the building precludes placement of severely handicapped children there. There are at present 51 Essex children at Ogilvie School, the remainder of the 90 places being occupied by children from other local authorities including the London Boroughs which were formerly part of Essex. Even so there have not always been sufficient children to fill the school and the possibility of using vacant places for a few children of secondary age has been raised from time to time. The institution of a full secondary course at the school might well be impracticable but the possibility of keeping a few older children in residence to attend local day schools could be considered. On discharge from Ogilvie School the majority of children return to normal schools but there is seldom much difficulty in providing elsewhere for those who need a continuation of similar educational treatment at secondary age. In particular a number of children go to secondary schools in Kent (which sends a number of junior children to Ogilvie) and Norfolk. In January 1967 a total of 13 physically handicapped and 13 delicate children were awaiting admission to either a day or a residential school and most of these were admitted after Easter, 1967. So far as residential places are concerned, therefore there is not, at present, sufficient evidence to justify proceeding with the proposal in the present Development Plan for a Residential Open Air School for 100 delicate and physically handicapped children.

The existing Plan also provides for all age day special schools for delicate and physically handicapped children in both South-East Essex (or Basildon) (60 pupils) and Harlow (size not fixed). At the present time the Committee have only one such school, i.e. the Branwood School at South Ockendon. When adaptations have been completed this will provide for 120 children including about 13 from the Havering Local Education Authority. 52 children in this category are conveyed daily from South-East Essex and Basildon to the Southend Open Air School. This contingent from Essex forms approximately half the roll of the Southend School and the withdrawal of most of them by provision of a separate school in Essex would therefore cause difficulties. The Committee may therefore wish to give further consideration to the South-East Essex proposal, subject to an assurance from Southend that places will continue to be available in the County Borough.

Divisional Recommendations:—

Harlow

Will give further consideration to the needs of the area and submit proposals later if necessary.

Thurrock

Reduce recognised size of Branwood School, South Ockendon from 120 to 100 pupils.

Basildon

That the proposal to provide a day special school for 60 pupils be retained in the plan.

Educationally Subnormal (1,238)

This category, the "slow learners", form numerically the largest group of pupils requiring special educational treatment but their problems are in the main fairly straightforward ones.

It seems unlikely at present that any further residential schools for E.S.N. pupils will be needed for several years after completion of the Darcy School at St. Osyth because the expansion of day school provision already provided for has to some extent relieved the pressure on them.

The provision of day schools included in previous Plans will, with the completion of those approved for Building Programmes up to 1970, be largely fulfilled and it is therefore necessary to consider the extent to which those proposals meet the demand now foreseeable.

By 1972 when, it is hoped, all the present proposals will have been completed, Essex E.S.N. schools will provide 1,883 places.

By the same date, 1972, it is estimated that the total school population of the County will have risen from its present 166,000 to nearly 215,000 (partly as a result of the raising of the school leaving age to 16 in 1970/71) and there is no present indication that the steady upward trend will then cease. It is generally accepted that a minimum of 1% of all pupils require education in special schools, and on this basis, it is clear that plans for building programmes up to say 1975 should be based on provision for at least 2,200 Essex pupils.

The effect of interchange of pupils between authorities must not be ignored. At the present time (1967) 148 children are attending out-County E.S.N. Schools. Of these however, 42 now attending the Havering Corbets Tey School will eventually be mostly absorbed into the school proposed for Brentwood, and 32 now attending the Leyton E.S.N. School will mostly go to the new Loughton School. Of 61 children attending out-County residential schools, 18 are of junior age who could mostly be placed at the Darcy School when it is completed. There thus remain 56 children placed at out-County schools either to meet special requirements or to secure early admission. This number is abnormally low at the moment and an outward flow of 75 seems likely to be maintained.

There are at present 110 out-County children in the Committee's E.S.N. schools, almost all residential. The Committee have agreed to continue to admit children from former Essex London Boroughs on the same terms as previously (with mutual agreement to admit Essex children where appropriate to day schools in the Boroughs). There is therefore no reason to suppose that the

present number of out-County children will decrease. On the contrary, in view of the national shortage of junior E.S.N. places, it is likely that a considerable additional number will be taken into the Darcy School when it is completed to make a total "inflow" of, at least, 175. It will therefore be reasonable to allow for planning purposes for a net "inflow" of about 100 pupils, thus bringing the total minimum requirement by 1975 up to 2,300 places—an increase of 400 over the present proposals.

There are at the present time 73 children attending the Royal Eastern Counties Schools in Colchester and Halstead but there is great pressure on places at these schools from the smaller Authorities in East Anglia and a reduction in this Authority's requirements there would be of corresponding assistance to them. Present placements at the schools have therefore been ignored in the proposals which follow.

Part of the increased number of places required can be met by recommendations which have already been made.

(i) In 1962, the Committee approved, in principle, a recommendation of the Mid-Essex Divisional Executive that a day special school for 80 E.S.N. children be established in the premises at present occupied by the Heybridge County Primary School when the latter school is transferred to a new site in due course.

(ii) In February, 1966 the Divisional Executive for North-East Essex recommended the establishment of a second special school for 120 E.S.N. pupils in Colchester to serve the needs of those parts of North-East Essex not covered by the Clacton School already proposed.

In deciding the siting of the remaining 200 places, regard should be paid both to future local populations and to geographical coverage.

(1) The combined total school populations of the Chelmsford Borough and Chelmsford Rural District Council areas, at present just over 16,000 is expected to reach about 23,000 by 1972. This number would justify the establishment of another special school in the Chelmsford area to accommodate 120 children.

(2) There is at present no day special school nearer to Saffron Walden than Harlow, Chelmsford, or the future school at Braintree. The combined school populations of the Saffron Walden Borough and Rural District Councils by 1972 is not, on present trends, much likely to exceed 5,000 and this is quite insufficient to support a special school, assuming an incidence of 1%. It is however, likely that the general increase in population may give rise to the need for some more residential places by 1975 and the problem might therefore be met by providing a mainly residential school for 100 in the Saffron Walden area which might admit up to about half its pupils

on a day basis. Enquiries have been made of the Hertfordshire and Cambridgeshire L.E.A.'s as to the amount of use they would wish to make of a school in this area, but neither can foresee a demand for more than an occasional place or two.

Provision of new schools on the lines outlined above would complete a reasonable geographic coverage of the Committee's area at an average provision of 1% of the estimated 1972 school population. Many regard this level as much too low, and think that it should be at least doubled. It is however suggested that it would be best to get within sight of this minimum standard of provision before making further plans to raise it. It is in any case at least arguable that if special school places can be provided for the 1% of the school population in the greatest need of it, any additional places might be better provided in special classes attached to ordinary schools. Divisional Executives might be encouraged to review their provision of such classes.

If these proposals are adopted, with or without variations, there will be at least three places in the County (Colchester, Chelmsford and Harlow) with two similar special schools in comparatively close proximity. The Harlow Divisional Executive have considered a report on the future organisation of the two schools proposed for their area, recommending that the second should be a secondary school and that the present Mead School should be reorganised as a primary school. This recommendation is still under consideration by this Committee.

The proposals for additional schools outlined above, carry with them the problem of staffing. By the time the outstanding programme has been completed by about 1975 about 70 additional teachers, other than heads, will be required in special schools for educationally subnormal pupils. It is obviously desirable that as many as possible shall have taken a full one-year Diploma Course before appointment, and the Committee may wish to remind teachers of their willingness to consider applications for secondment on full pay to take such courses in appropriate cases, both from those who have not yet gained experience in such a school and from teachers who have some experience with backward pupils and who may wish to be considered for senior posts later.

Divisional Recommendations:—

North-East Essex

Confirm proposal to establish a second Day Special School for 120 E.S.N. pupils in Colchester to serve North-East Essex.

Consider establishment of special classes at certain primary schools.

Mid-Essex

New day special school for 120 E.S.N. pupils in Chelmsford area.

South-East Essex

New day special school for 120 E.S.N. pupils in Rayleigh area.

Basildon

New day special school for 120 E.S.N. pupils in Basildon.

N.B. The school populations of South-East Essex and Basildon are both likely to be about 30,000 by 1972 and, on a 1% basis, 600 places for E.S.N. pupils are likely to be needed. These would be provided as follows:—

Existing—Moat House, Basildon	132
Existing—Cedar Hall, Thundersley	120
1967/68 Programme—Wickford	120
New proposals—Rayleigh	120
New proposals—Basildon (2nd)	120
	612

Thurrock

Reduce recognised size of Dacre School, Aveley, from 120 to 100 pupils.

Maladjusted (265)

The incidence of this handicap, in terms of children ascertained as such, has increased considerably over the years. One of the main factors in the increase of ascertainment has clearly been an increase in the available facilities. It is of interest to note that at the time of the appointment of the Committee's second Welfare Officer for handicapped pupils in 1947, there were only six children receiving special educational treatment as maladjusted children at boarding schools. This number had increased by 1965 to 285 (with a further 60 awaiting admission). The division of the County in 1965 left the Committee with 187 such children in boarding schools. The number is now 235 together with 9 boarded out.

In addition to the schools shown the Committee also have a hostel for 15 (Doucecroft) and expect to open another, Hargrave House, Stansted, towards the end of 1967. A further boarding school (The Wealden School) is planned for Brentwood to take 45 senior girls and boys of high intelligence and a day school for 60 is programmed for Basildon, also in 1967-68. No other building or similar proposals are at present in view, and it is necessary to consider what direction future developments should take.

The Committee on maladjusted children (The Underwood Committee) in their report in 1955 found it impossible to express the size of the problem in terms of incidence or percentage of school population, but an accumulating body of evidence from a number of researchers suggest that the problem is of much larger dimensions than had hitherto been suspected. The current national provision for maladjusted children in day or residential schools is quite inadequate and the position is particularly bad with regard to day school provision.

Recent surveys in different parts of the country suggests an incidence of at least 5%. This is not, of course, to be taken as the number who need special school places but, in the view of the Psychologist to the Education Committee, the Committee would be well advised to use the figure 5% as indicating the number of children who will require at the least some clinical help by the psychologist or the full clinic team. As an irreducible minimum a figure 0.25% should be adopted as indicating the number of children for whom special educational treatment would be required, i.e. about 540 places by 1972.

Children should be transferred to day special schools if they are severely emotionally disturbed and are so because of violent reaction against something in the home environment. This violence of reaction indicates that the home ties are very important to the child and, therefore, the indicated course of action is to place him in a special school, within which his particular needs will be met, while concurrent social work takes place to improve the home situation. The services of a social worker to foster good relationships with the home and who can work towards improving the home's handling of the child is of crucial importance. If such services are not made available, the only economic course as far as the Authority and the child are concerned is to place the child in a residential special school, a much more expensive practice.

Children who are less disturbed, who may be occasionally very aggressive, and who may demand particular attention in the normal school, may have their needs met by part-time provision in urban areas by being allowed to attend a tutorial class where travelling to and from the class is easy.

The problem is different from, and much more complicated than, those of other handicaps in that "maladjustment" is seldom an innate characteristic, but is usually the result of an emotional or other disturbance in early life, and often therefore responds to treatment. Some instances are of course a result of hereditary factors but it is to a large extent true to say that the numbers of children requiring special educational treatment for maladjustment at secondary school age is a measure of the success or otherwise of detection and treatment facilities at earlier ages. The earlier that the maladjustment is recognised and treated, the better. This is demonstrated by the fact that most of the children who attend Nazeing Park School are ready to return to ordinary schools for secondary education; where they are not, the cause is generally to be found in the lack of co-operation and/or interest from their parents which was probably the original reason for their maladjustment.

These considerations lead to the belief that the future development of facilities for maladjusted children could most profitably be directed at the youngest practicable age groups including children below normal school age. Beyond this, however, much depends on local conditions. It is therefore suggested that the Committee can do little more at the moment than to encourage Divisional Executives to consider whether any local provision such as day special schools, or units for maladjusted children attached to ordinary schools in suitable places, can usefully be established. It is unlikely that any additional

major building project can be undertaken for this type of handicap within the next five years but the Committee would no doubt be willing to consider any proposals for minor capital works a good deal sooner.

The School Psychological Service and the Child Guidance Clinics have of course a very big part to play in the treatment of maladjustment and these have been strengthened and reorganised following the report made to the Committee and the Council in 1965. Further improvements in staffing will be necessary in the near future to maintain the staffing level in the face of rising school population, and a separate report about this will be submitted. A satellite clinic is now in operation at Loughton; others will be set up in Saffron Walden, Brentwood and Harwich as soon as suitable accommodation can be found.

A major problem at the present time is the placement of maladjusted senior girls. It is hoped however, that with the opening next year of the new hostel at Stansted, it will be possible to put most of the senior boys there and use Doucecroft for junior boys and senior girls.

This review would be incomplete without reference to the problem of the highly intelligent child. The fact that this is a problem at all has only begun to be generally recognised during very recent years. It is held by many however, that such children are as much in need of special education treatment of an appropriate kind as the E.S.N. children for whom special facilities have been provided for many years, and that at least as many children are concerned. There is however, no financial prospect of being able to embark upon a programme of this magnitude in the foreseeable future and it would therefore be unrealistic to attempt to draw up any form of programme. The Wealden School, Brentwood, already mentioned, will however make a start by providing for a few such children who become maladjusted as a result of additional problems such as emotional difficulties or broken homes.

Divisional Recommendations:—

Colchester

New school for 40 maladjusted boys and girls and suggest acquisition for All Saints' House for the purpose.

(N.B. The Committee have previously considered the acquisition of this property from the Salvation Army for other purposes but have not felt able to do so partly on account of the high repair and maintenance costs which would be involved.)

North-East Essex

Admission of up to 10 day pupils to the Heath School.

(N.B. The Committee agreed at their meeting on 2nd October, 1967 to the admission of up to 5 day pupils to the school. This brings the school up to 50 which is the maximum approved by the Department of Education and Science.)

Harlow

Provision of nursery unit for maladjusted children at Broadfields Infants' School in September, 1968.

(N.B. A minor capital project for adaptation of two classrooms at a cost of about £500 will be submitted.)

Provision of day unit for maladjusted children of primary age, possibly on a part-time basis, the children remaining on the roll of their ordinary school.

(N.B. Falling primary school rolls in Harlow might make spare accommodation available for such a unit about 1970.)

Provision of temporary hostel accommodation for maladjusted young people in their teens.

(N.B. This recommendation will at least partly be met by the opening of Hargrave House at Stansted early in 1968.)

Mid-Essex

New school in Chelmsford for 50 Maladjusted boys and girls.

Units for 20 maladjusted boys and girls to be attached to primary schools in Maldon, Braintree and Brentwood.

Basildon

Addition, as soon as possible, of accommodation for remedial classes to the day school for maladjusted children being provided in the 1967/68 Programme.

(N.B. It is unlikely that the Department of Education and Science would approve any additions to this school which has already had to be reduced in size to take only 50 pupils.)

South-East Essex

New school for 40 maladjusted boys and girls.

Small diagnostic unit for severely maladjusted children.

Establishment of special tutorial classes in association with the Hadleigh Child Guidance Clinic.

Epileptic (15)

The incidence of this handicap is very small and unless there is any major second handicap such as blindness, there is no difficulty in finding suitable places. No special provision by the Committee is necessary.

Divisional Recommendations:— NONE.

Speech Defect (4)

The Committee have an establishment of one Speech Therapist for each 10,000 children. It is seldom, if ever, possible to fill this establishment completely but only a few cases require special treatment otherwise than by a Speech Therapist, and it is this small number who are referred to here. The

Moor House School (all-age) and the John Horniman School (juniors only) are at present the only schools in the country which specialise in this handicap and there is often a considerable wait for admission.

Divisional Recommendations:— NONE.

Dual Handicaps

The Committee's former plan to establish a residential school for about 50 physically handicapped and educationally subnormal pupils in Romford is now being followed up by the Havering Education Committee. This would be of great value for the few children concerned. Other handicaps occur in such variety of combinations and severities that it is impossible to plan for them in advance, but the co-operation of all appropriate agencies and bodies is invoked as seems necessary in any particular case and it is very seldom that a suitable solution cannot be found.

October, 1968
County Hall,
Chelmsford

DAVID BUNGEY,
Chief Education Officer

APPENDIX H

Report by Mr. B. R. Head, Senior Peripatetic Teacher for Partially Hearing Children

Early in 1967 another partially hearing unit was opened. This is a class for junior children in the Edward Francis Junior School, Rayleigh. There are now four unit classes in the County and the number of partially hearing children attending these classes has risen to thirty three.

Due to Dr. Cammock's appointment, there have been many more sessions at the audiology clinics than in 1966 and there is now no delay before children are seen.

In January, the teachers of the deaf in the County met for a one-day course on the fitting of hearing aids, and, in April, a group of educational Psychologists met at Rayleigh to discuss the educational handicap imposed by deafness.

Partially hearing children often have difficulty in using their aids in classrooms where listening conditions can be rather poor because of reverberation and excessive background noise. It is not always possible for the child to be near the teacher with present educational trends leading to greater freedom of movement in the classroom and no hearing aid can be effective at a distance. To help in these situations, a number of loop induction amplifiers have been made available for use in suitable cases. These enable hearing aid wearers to move freely about the classroom and hear the teacher equally well from any position. The "loops" can be quickly installed or removed and transfer from one classroom to another presents no problems.

During 1967 the number of partially hearing children under the supervision of the peripatetic teachers has increased, the numbers being as follows:—

	1967	1966
Pre-school	46	37
Primary	86	92
Secondary	90	69
	222	198

APPENDIX I

Children on the Handicapped Pupils Register

Sole or major handicap	Newly assessed as handicapped in 1967		Receiving special educational treatment						Requiring but not receiving special educational treatment		On register but not requiring special educational treatment	
	All ages	Under 5 years	At day special schools	At residential special schools*	At ordinary schools	Elsewhere	Total all ages	Total under 5 years	All ages	Under 5 years	All ages	Under 5 years
Blind	2	1	1	21	1	—	23	—	5	3	—	—
Partially Sighted	9	5	11	28	1	—	40	2	6	3	11	1
Deaf	2	—	16	23	—	1	40	3	1	—	—	—
Partially Hearing	15	5	51	40	22	1	114	7	4	3	42	—
Physically Handicapped	46	12	60	81	13	25	179	5	9	4	141	1
Delicate	68	2	82	112	6	4	204	—	20	1	79	—
Maladjusted	95	3	7	252	2	22	283	—	52	—	27	—
Educationally Sub-normal	267	18	775	229	68	24	1,096	2	230	11	106	6
Epileptic	6	—	2	13	—	3	18	1	2	—	22	1
Speech Defects	3	1	1	3	3	—	7	—	—	—	8	—
Total Children	513	47	1,006	802	116	80	2,004	20	329	25	436	9

* Including independent boarding schools.

APPENDIX J

Notification of Infectious and Other Notifiable Diseases in Children between ages of 5 and 15, 1967

Division	Scarlet Fever	Whooping Cough	Acute Poliomyelitis	Measles	Dysentery	Food Poisoning	Tuberculosis Respiratory	Tuberculosis Other	Acute Pneumonia	Others*	Total
North-East Essex	41	24	—	778	14	3	—	—	1	1	862
Mid-Essex	70	146	—	1,801	96	4	3	1	4	1	2,126
South-East Essex	45	56	—	970	8	2	4	1	14	—	1,100
West Essex	53	55	—	879	52	4	2	2	1	2	1,050
Harlow	33	27	—	379	15	—	5	—	2	—	461
Thurrrock	53	90	—	941	1	1	1	—	10	—	1,097
Basildon	63	26	—	789	1	—	1	—	1	—	881
Colchester	13	23	—	472	36	—	—	—	—	—	544
Total	371	447	—	7,009	223	14	16	4	33	4	8,121

*One case of meningococcal infection, one case of acute encephalitis (post infectious) and two cases of erysipelas.

APPENDIX K

This Report by the Senior Advisers for Physical Education has been submitted by the Chief Education Officer

The further training of teachers is probably the most important work of the advisers and this aspect increases as the range of subjects taught under the banner of physical education multiplies. This is partly due to the importance being attached to leisure time physical activities. The school leavers in particular are introduced to subjects that will stand them in good stead after leaving school. It is interesting to note that over 600 boys and girls attend the Harlow Sports Centre each week, to receive training in sports and activities for which there are no facilities in schools, and for the second year in succession over 100 boys and girls about to leave school, stayed for three days at the Crystal Palace National Recreation Centre, partly for the same purpose, and partly to be introduced to the facilities they could use on leaving school. There were over 250 applications for 120 places. The staff at this Crystal Palace Centre was formed by teachers, each with a special aptitude, and the instruction was of the highest standard. The Essex physical education staff are proud that their programme was so successful that it is now used by the Crystal Palace Authorities as an example to others arranging similar courses.

This course for school leavers was followed by another successful residential teachers' course, repeating that of last year, also at the Crystal Palace Centre. It covered Hockey, Badminton, Squash and Educational Dance. Adjacent Boroughs were attracted by this course and Havering Education Committee took six places while Southend wishes to send some teachers next year.

The first course in England designed to help teachers instruct their pupils in Golf was held at St. Martin's Secondary Boys' School, Hutton. This was conducted by Mr. Dai Rees, C.B.E., the famous golfer, and twenty Essex teachers benefited from his magnificent instruction. As a result, golf is taught in a number of schools, and several greens have been constructed on school playing fields.

The course in Squash, mentioned above, was also an innovation. A folding squash court has now been produced and the Education Committee has agreed that where costs permit, new sports halls may be equipped with one. For this reason, teachers are now being prepared to coach the game.

The number of these courses and the enthusiastic attendances at them, shows both the appreciation of the teachers and the necessity for arranging them.

It is almost impossible to say anything about the Schools' Sports Associations that has not already been said. They continue to grow in size and number.

It must be remembered that all these Associations, which lead to County teams and international competitions at school level, are arranged and organised by teachers. When it is considered how much time is devoted, both during and after school hours, to the physical education of boys and girls of this County—it must be more than in any other subject,—it can only be said that the teacher of physical education has to consider his career as a vocation.

Other than demonstrations in individual schools, physical education displays for the entertainment of the general public are not often arranged, but during 1967 the Thurrock Schools' Sports Association decided to stage one, partly to raise funds for the Association, and partly to show the public something of the physical education programme in the schools of today. Junior and Secondary Schools and Youth Clubs, from all parts of Thurrock, took part in a very wide programme of events, including Gymnastics, Dancing, Games, Trampolining, Climbing, Fencing, Badminton and Judo. The evening was a great success and did much to open the eyes of the packed "house" of parents to the physical education of today as compared to the P.T. of fifty years ago.

For a very long time requests have been received for the Education Committee to open an Essex Outdoor Activities Centre in the mountains. The County of Essex can offer facilities for most outdoor sports but not for climbing and mountain walking. In the past, large numbers of Essex parties have made use of C.C.P.R. centres and those of other Authorities, but with the interest growing in these activities throughout the country, it has become increasingly difficult to obtain accommodation. The Education Committee now feels that it is in a position to support this recommendation. A sum of money has been allocated for this purpose and a farmhouse in the Black Mountain district of mid-Wales has been leased by the Committee on a year-to-year agreement. Adventure Courses are now being run on a restricted basis from this farm, where the accommodation provides for eleven persons sleeping under cover in the farmhouse and the remainder in tents nearby. Courses include pony trekking, canoeing, mountain walking, introduction to mountain climbing and camping.

As the idea is now accepted that working with bare feet, provided that the floor is suitable, helps the feet retain their suppleness and improves their strength and sensitivity, and as this practice becomes even more general in schools, the controversial issue as to whether it causes more foot infection raises its head. There does not, however, appear to be any evidence that this is so, provided care is taken where an infective outbreak occurs, and the Department of Education and Science certainly supports the idea that, where possible, children should be allowed to work without shoes and socks. The Essex Physical Education Advisers feel that the advantages far outweigh the disadvantages and, where conditions allow and there are no strong objections, they do all they can to encourage children to take part in indoor activities with bare feet.

For some time, attention has been drawn to the increase in the number of overweight children. There are many reasons for excessive weight but perhaps a contributory factor could be the fact that the introduction of a very

wide range of recreational activities is detracting from the demands of staying power and effort that physical training used to demand. There is no doubt that the modern approach to physical education is far superior to the limited programme of fifty years ago. Nevertheless it is also important that some of the principles and standards of those days are not forgotten. Children must still be trained to "put their backs" into things, even when they are choosing their activity or devising their own way of carrying out a task. This is the principle that the P.E. Advisers try to instil into young P.E. teachers who may sometimes find it difficult not to flounder amongst the variety of activities that they are expected to present to their pupils.

APPENDIX L

MINOR AILMENTS CLINICS

COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester	Friday p.m.
Central Clinic, East Lodge Court, High Street, Colchester	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester	Wednesdays p.m.

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	Tuesdays a.m.
Health Services Clinic, Burnham-on-Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford	Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday a.m.
St. Peter's Room, Coggeshall	2nd Monday a.m.
St. Mary's, Kelvedon	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday a.m.
Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	2nd and 4th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moulsham Estate, Chelmsford	4th Thursday p.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Mondays a.m.
Health Services Clinic, Rocheway, Rochford	Wednesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays and alternate Saturdays a.m.
Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.
Health Services Clinic, High Road, South Benfleet	2nd, 3rd and 5th Fridays a.m.

South-East Essex Division—continued

Health Services Clinic, London Road, Hadleigh	Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	2nd and 4th Wednesdays a.m.
Health Services Clinic, Essex Way, South Benfleet	1st and 3rd Thursdays a.m.
Health Services Clinic, Ferry Road, Hullbridge	1st and 3rd Wednesdays a.m.

THURROCK DIVISION

Health Services Clinic, Hall Road, Aveley, South Ockendon	Thursdays a.m.
Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Health Services Clinic, Newton Road, Tilbury	Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
107 South Road, South Ockendon	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon	Thursdays and Fridays a.m.
Health Services Clinic, Community Centre, Horndon-on-the-Hill	1st Thursday p.m.
Health Services Clinic, Old Age Pensioners' Memorial Hall, Corringham	Tuesdays a.m.

WEST ESSEX DIVISION

Health Services Clinic, 56 New Street, Dunmow	2nd and 4th Mondays a.m.
Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Wednesdays a.m. and alternate Thursdays a.m.
Health Services Clinic, 69 High Street, Saffron Walden	Tuesdays a.m.
Central Hall, Stansted	2nd Thursday a.m.
Health Services Clinic, The Greenyard, Waltham Abbey	2nd and 4th Mondays a.m.
Health Services Clinic, Bowes Field, Ongar	1st and 3rd Tuesdays a.m.

HARLOW DIVISION

Addison House, Fourth Avenue, Harlow	Alternate Mondays a.m.
Nuffield House, The Stow, Harlow	Alternate Fridays a.m.
Keats House, Bush Fair, Harlow	Every Wednesday a.m.

BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay	Thursdays a.m.
Health Services Clinic, Craylands, Timberlog Lane, Basildon	Wednesdays a.m.
Health Services Clinic, Great Oaks, Basildon	Fridays a.m.
Health Services Clinic, Florence Road, Laindon	Tuesdays a.m.
Health Services Clinic, High Road, Pitsea	Thursdays a.m.
Health Services Clinic, Nevendon Road, Wickford	Mondays a.m.

SPECIALIST CLINICS

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
Colchester Division :		
Ophthalmic	14	Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
North-East Essex Division :		
Ophthalmic	8	Dr. H. S. Sweet
Ear, Nose and Throat	1	Mr. J. M. Green
Mid-Essex Division :		
Ophthalmic	25	Mr. Das-Gupta Dr. J. J. Reilly Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
South-East Essex Division :		
Ophthalmic	7	Dr. B. C. Dench
Audiology	2	Mr. A. N. Cammock
Thurrock Division :		
Ophthalmic	14	Dr. W. H. Clark
In addition there are 16 Orthoptic sessions a month		
West Essex Division :		
Ophthalmic	7	Dr. A. G. Karseras Dr. W. Laybourne
Orthopaedic	1	Mr. K. Dalliwall
In addition there are 2 Physiotherapy and 2 Orthoptic sessions a week		
Harlow Division :		
Orthopaedic	4	Mr. H. Poiriea
Basildon Division :		
Ophthalmic	12	Dr. B. G. Dias Dr. W. H. Clark

CHILD GUIDANCE CLINICS

Address of clinic (1)	*Estimated population served* (2)	*Establishment of staff* (3)	*Posts filled as at 31.12.67* (4)	*No. Weekly Sessions* (5)
Winsley House High Street Colchester	40,000	Psychiatrists (Part-time—7 sessions weekly)	2 (7 sessions)	7
		Psychologists (Full-time—3)	3	—
		Psychiatric Social Workers (Full-time—2)	2	—
		Psychotherapist (Full-time—1)	1	—
		Remedial Teacher (Full-time—1)	—	—
		Clerks (Full-time—4)	3	—
146 Broomfield Road Chelmsford	38,250	Psychiatrists (Part-time—9 sessions weekly)	2	10
		Psychologists (Full-time—4)	3	—
		Psychiatric Social Workers (Full-time—3)	1 (full-time)	—
		Psychotherapist (Full-time—1)	1 (full-time)	—
		Remedial Teacher (Full-time—1)	3 (part-time)	—
		Clerks (Full-time—4)	4 (part-time)	—
		Social Worker	2 (part-time)	—
Great Oaks Basildon	43,837	Psychiatrists (Part-time — 6 sessions weekly + 4 temporary sessions)	2 2	10 —
		Psychologists (Full-time—4)	—	—
		Psychiatric Social Workers (Full-time—2)	—	—
		Psychotherapist (Full-time—1)	—	—
		*Remedial Teacher (Full-time—4)	1	—
		Clerks (Full-time—4)	4	—
		Social Worker	1	—

*Also working in School Psychological Service

CHILD GUIDANCE CLINICS—continued

Address of clinic (1)	*Estimated population served* (2)	*Establishment of staff* (3)	*Posts filled as at 31.12.67* (4)	*No. Weekly Sessions* (5)
Whitehall Cottage Whitehall Lane Grays	20,500	Psychiatrists (Part-time—6 sessions weekly)	3 (6 sessions)	6
		Psychologists (Full-time—2)	2	—
		Psychiatric Social Workers (Full-time—2)	—	—
		Psychotherapists (1 Full-time)	1	—
		Social Workers (qualified)	—	—
		Clerks (Full-time—1 and Part-time—2 x 20 hours)	1.75	—
		Peripatetic Remedial Teacher (Full-time—1)	—	—
		Trainee Psychologist	1	—
Galen House Town Centre Harlow	Harlow 17,568 West Essex 21,788	Psychiatrists (2 Part-time—9 sessions weekly)	2 (9 Sessions)	9
		Psychologists (Full-time—4)	5	—
		Psychiatric Social Workers (Full-time—3)	1	—
		Social Workers (Full-time—3)	1	—
		Psychotherapist (Full-time—1)	2 (full-time)	—
		Clerks (Full-time 3)	2 (part-time)	—