

**[Report 1970] / School Medical Officer of Health, Essex County Council.**

**Contributors**

Essex (England). County Council.

**Publication/Creation**

1970

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COUNTY COUNCIL OF ESSEX



# ANNUAL REPORT

OF THE

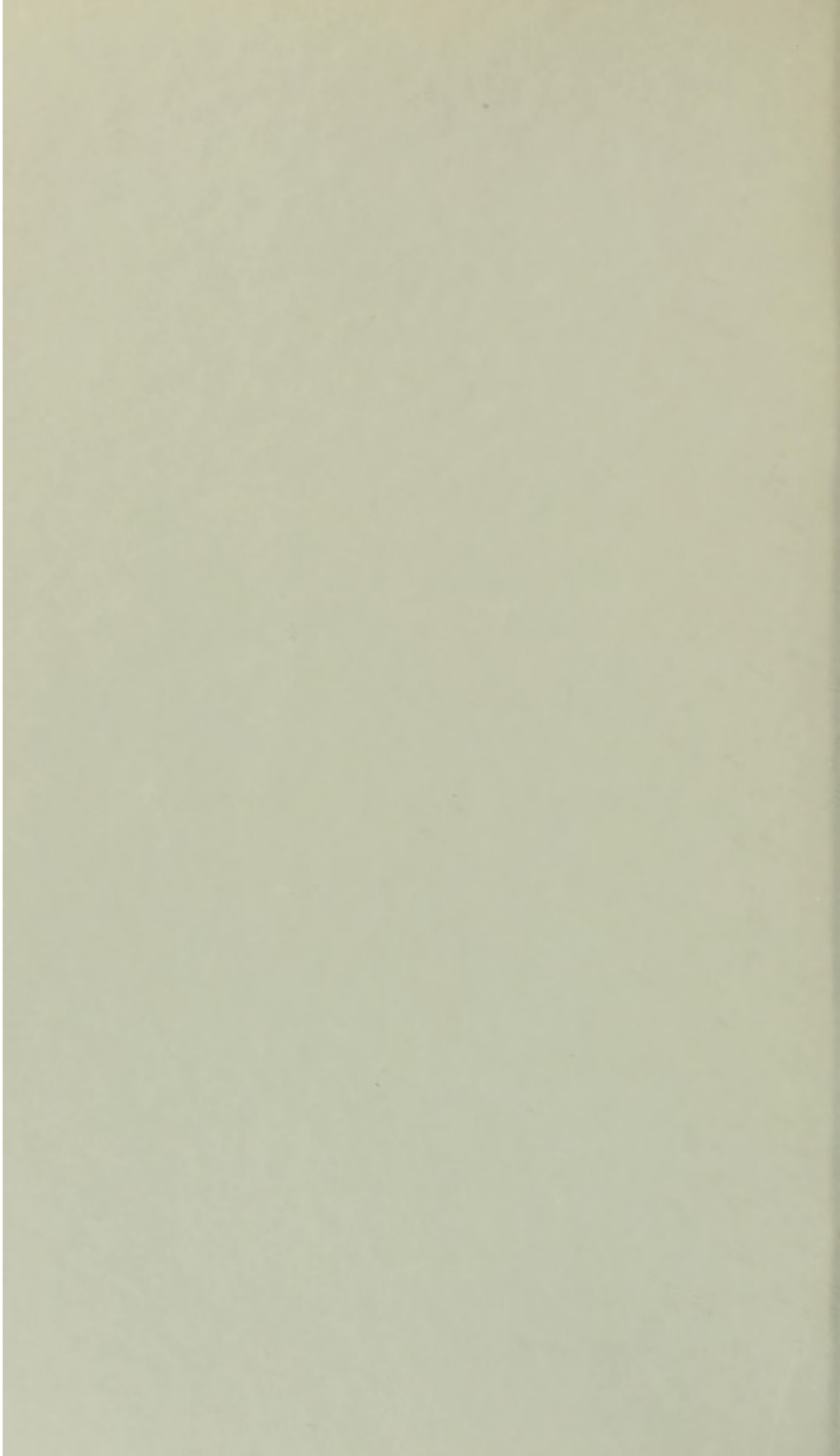
Principal School Medical Officer

FOR THE YEAR

1970

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COUNTY COUNCIL OF ESSEX



# ANNUAL REPORT

OF THE

Principal School Medical Officer


FOR THE YEAR

1970

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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





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## P R E F A C E

85-89 New London Road,  
Chelmsford.

*To The Chairman and Members of the Education Committee.*

It is my pleasure to present as Principal School Medical Officer my Annual Report for the year 1970. As is customary, the report which includes the report of the Principal School 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 report differs little in detail from its predecessors and no major changes or trends are indicated. It does however serve once more as a record of work carried out in the interests of the children of Essex. The function of the service remains as ever to keep under supervision the children of the County while in their formative years at school and to identify those who require special help whether medically or educationally.

The selective system of medical examinations is now operative throughout the Administrative County and seems to be free of the initial problems encountered when it was first introduced. The number of children requiring special inspections has again reduced significantly.

Following the introduction of measles immunisation in 1969 Rubella immunisation was introduced in September 1970. This was made available initially to girls approaching school leaving age (to prevent a number of serious handicaps which may occur in newborn children when the mother contracts the disease during pregnancy). A good response was achieved and it is hoped to extend it to 11 and 12 year old girls as supplies become more plentiful.

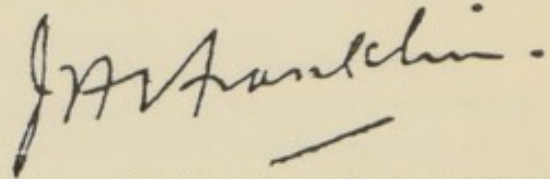
The availability of suitable accommodation in which to carry out school medical inspections continues to pose problems at many schools and is only overcome by close co-operation between the school and medical staffs concerned. It is to be hoped that some answer to the particular problem can be found in the not too distant future.

I am pleased to be able to report some indication that recruitment of Speech Therapists is improving. The situation has not worsened and although vacancies remain unfilled there has been some slight improvement in this field.

The demand for Health Education throughout the Administrative County increased still further over that of the previous year. This was particularly so in the case of requests for health education courses to be carried out in secondary schools over a wide range of subjects. The extent to which this service can be expanded is of course governed by the availability of trained staff.

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,

A handwritten signature in cursive script, appearing to read "J. A. Franklin". The signature is written in dark ink and includes a horizontal flourish at the end.

Principal School Medical Officer



# COUNTY COUNCIL OF ESSEX

## EDUCATION COMMITTEE

(as at 31st December 1970)

*Chairman:* Alderman Brigadier J. T. de H. Vaizey, C.B.E.

*Vice-Chairman:* Mrs. B. C. Platt, M.A., C.Eng., A:F.R.Ae.S.

### County Council Members:

#### *Aldermen:*

Mrs. E. W. Borthwick  
Mrs. F. L. Coker  
Brigadier T. F. J. Collins,  
C.B.E., D.L.

J. E. Tabor, O.B.E., M.A.  
S. S. Wilson, O.B.E., J.P.  
W. R. Wright, M.Inst., S.M.

#### *Councillors:*

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Mrs. S. Anderson, B.A.  
Mrs. E. M. Clarke, M.A.  
J. L. M. Crofton  
M. J. Cullen  
G. C. S. Curtis, O.B.E.  
J. J. Davidson  
G. A. Detmaur  
R. W. Dixon-Smith  
R. H. Dyball, O.B.E.  
T.D., M.A.  
P. R. Elliott  
D. J. Fisher  
H. W. Frost  
Mrs. D. E. Golding  
P. J. Harty  
F. H. Hodgson  
Group Capt. H. P.  
Johnston, O.B.E.

A. Jones, M.B.E., J.P.  
J. A. Mackintosh  
Mrs. J. C. Martin  
Mrs. B. McGreal  
E. C. Metson, M.C., F.C.C.S.  
E. J. Milo  
W. P. O'Donoghue  
E. G. Perry, M.B.E.  
F. R. Prosser  
Mrs. D. C. Reed, M.B.E.  
A. V. Stockley  
Miss L. M. Tabor  
Mrs. E. M. Tuck  
Brigadier J. C. B. Wakøford, C.M.G.  
R. M. Williams  
Mrs. J. Woods  
P. R. Wormell

### Representatives of Divisional Executives:

Mrs. E. M. Clarke, M.A.  
Mrs. P. J. Cole  
Mrs. L. E. Davidson  
E. P. Duffield

J. W. Lobley  
A. C. Moles, M.B.E.  
W. A. Nichols, J.P.  
E. Trippier, M.R.S.H., M.Inst.B.E.

### Representatives of Universities:

I. T. Cook, Ph.D.  
F. C. C. Edmonds, M.A.

H. Marriott, B.Eng., B.Sc.Econ.,  
F.I.E.E.  
G. H. R. Newth, M.A.

### Persons of Experience in Education:

C. R. Allison, M.A.  
B. S. Coker, F.C.A.  
Mrs. M. E. Edwards  
Hon. Mrs. J. Franklin

L. F. Grant, O.B.E.  
W. G. Ingram, M.A.  
The Rev. Canon M. M. Martin, M.A.  
The Rev. F. J. Saurin

### Representatives of Teachers:

Miss M. A. L. Colleer  
J. R. Prince

Miss W. J. Dalton  
A. Dyer  
S. E. Rhodes

# STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December 1970)

## 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.P.H., D.C.H., L.M.

*Principal School Dental Officer*

J. C. Timmis, L.D.S., R.C.S.

*Superintendent Nursing Officer*

Miss J. 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.

*County Health Education Officer*

C. E. Williams, M.R.S.H.

## DIVISIONAL STAFF

Divisions	Divisional School Medical Officers
North-East Essex . . . . .	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P.
Mid-Essex . . . . .	J. A. Slattery, 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 . . . . .	Vacancy (Dr. J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H. Acting)
Harlow . . . . .	I. Ash, M.D., D.P.H.
Basildon . . . . .	P. X. O'Dwyer, M.B., B.Ch., D.P.H.
Colchester . . . . .	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P.



## 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 (including D.S.M.O's) . . . . .	*69	22.7
Area Dental Officers . . . . .	8 )	35.2
Dental Officers . . . . .	*45 )	
Health Visitors/School and Ancillary Nurses . . . . .	265	88.4
Dental Surgery Assistants . . . . .	49	40.2
Dental Auxiliaries . . . . .	6	3.3
Speech Therapists . . . . .	16	9.0
Psychiatric Social Workers . . . . .	1	1.0
Social Workers . . . . .	8	6.5

\*Includes sessional officers.

School Health.

Mr. Dupres      x    2716  
 Mr. Baden      x    2715

## GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1970 was 1,178,730 of whom 190,600 were aged between 5 and 15 (i.e. compulsory school age).

### School Population Mid-Year 1970

	Primary Schools	Secondary Schools	Special Schools	Total
North East Essex	13,909	7,753	210	21,872
Colchester	7,993	6,778	127	14,898
Mid-Essex	28,751	18,122	267	47,140
South East Essex	15,160	8,536	133	23,829
Thurrock	12,485	8,722	291	21,498
West Essex	14,646	9,925	288	24,859
Harlow	10,355	9,048	114	19,517
Basildon	15,813	10,619	164	26,596
Boarding Schools	-	738	-	738
<b>Total 1970</b>	<b>119,112</b>	<b>80,241</b>	<b>1,594</b>	<b>200,947</b>
<b>Total 1969</b>	<b>116,222</b>	<b>76,027</b>	<b>-</b>	<b>192,249</b>

### Number of Schools

Primary Schools . . . . .	525
Secondary Schools (including Grammar Schools and Comprehensive Schools) . . . . .	106
Technical and other Colleges . . . . .	10
Nursery Schools . . . . .	2
Special Schools for handicapped children . . . . .	22

## Distribution of Special Schools

The 21 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	130
	North-East	1	-	Mixed	110
		-	1	Mixed	120
	Mid-Essex	1	-	Mixed	110
		1	-	Mixed	110
		-	1	Male	58
	South East	1	-	Mixed	120
	Basildon	1	-	Mixed	130
		1	-	Mixed	120
	West Essex	-	1	Boys	110
		1	-	Mixed	110
		1	-	Girls	65
	Harlow	1	-	Mixed	110
	Thurrock	1	-	Mixed	120
		1	-	Mixed	160
	Total	12	3	-	1,683
					1,683
Maladjusted	North East	-	1	Boys	45
		-	1	Boys	50
	West Essex	-	1	Mixed	40
	Basildon	1	-	Mixed	50
	Total	1	3	-	185
Delicate and/or physically handicapped	North East	-	1	Mixed	90
	Thurrock	1	-	Mixed	100
	Total	1	1	-	190

## Children in Hospital School at end of 1970

During 1970 the number of children admitted to the Notley Hospital School was 313 and the number remaining on the roll at the end of the year was 40.

## Number of School Clinics

Minor Ailments . . . . .	40
Dental . . . . .	58 (+ 2 Mobile)
Ophthalmic . . . . .	18
Speech Therapy . . . . .	42
Physical Medicine . . . . .	5
Orthoptic . . . . .	6
Enuresis . . . . .	7
Audiology . . . . .	5

(Further details are referred to in Appendix I)



## MEDICAL INSPECTIONS

During the year ended 31st December 1970, 42,007 pupils were seen at periodic medical inspections and 14,045 at special inspections in comparison with 33,413 and 17,911 for the previous year.

### Selective School Medical Examinations

The scheme for selective medical inspections continued to operate in the whole of the Administrative County during 1970.

There are no significant changes in the scheme that was introduced to replace the intermediate examinations of 10/11 year olds, and enable medical staff to devote more time to children with particular health problems and spend proportionately less time on the healthy majority.

### Findings at Medical Inspections

(See also Appendix 'A')

#### Physical Conditions of School Children

The number of children found to be unsatisfactory at medical inspections reduced from 59 in 1969 to 51 in 1970. A total of 3,144 pupils were found to require treatment, 153 more than in the previous year leaving 38,863 free from defects.

#### Periodic Medical Inspections: Number of children with defects 1970

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	%
1966 and later . . . . .	311	9	1 : 34.6	2.9
1965 . . . . .	7,489	526	1 : 14.2	7.0
1964 . . . . .	13,019	1,005	1 : 13.0	7.7
1963 . . . . .	2,866	189	1 : 15.2	6.6
1962 . . . . .	772	95	1 : 8.1	12.3
1961 . . . . .	3,040	210	1 : 14.5	6.9
1960 . . . . .	1,984	145	1 : 13.7	7.3
1959 . . . . .	630	82	1 : 7.7	13.0
1958 . . . . .	594	64	1 : 9.3	10.8
1957 . . . . .	1,777	88	1 : 20.2	5.0
1956 . . . . .	3,381	261	1 : 13.0	7.7
1955 and earlier . . . . .	6,144	470	1 : 13.1	7.6

### Percentage found to require treatment

	Defective Vision	Other Conditions
1966 and later . . . . .	0.3	2.6
1965 . . . . .	1.5	5.8
1964 . . . . .	1.7	6.2
1963 . . . . .	2.0	4.9
1962 . . . . .	4.0	8.5
1961 . . . . .	2.0	5.1
1960 . . . . .	2.6	4.9
1959 . . . . .	5.1	8.1
1958 . . . . .	4.9	6.1
1957 . . . . .	2.6	2.5
1956 . . . . .	4.6	3.6
1955 and earlier . . . . .	5.1	7.6

A total number of 42,007 pupils received a full medical examination an increase of 8,594 compared with the previous year. Under the 'Selective System', 14,045 pupils (for whom questionnaires were completed by the parents) were found not to warrant a medical examination.

The percentage of pupils requiring treatment for defective vision decreased slightly at primary school ages and for "school leavers" as compared with the previous year.

#### Cleanliness Inspections

During 1970, 108,266 pupils were inspected and 873 were found to be infested compared with 134,060 and 598 last year. Sixty cleansing notices were issued under Section 54(2) of the Education Act 1944, and 4 cleansing orders under Section 54(3).

The percentage of children inspected and found to be infested was 0.81 a further slight increase on last year.

#### 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 B.



## TREATMENT OF DEFECTS

(See also Appendix 'A')

### Diseases of the Lungs

94 pupils were found at periodic school medical inspections to need treatment for diseases of the lung; 41 as school entrants, 22 school leavers and 31 others. In addition, 848 pupils were recommended to be kept under observation.

At special inspections a further 3 pupils were found to require treatment and 66 were referred to observation.

As in the past, Ogilvie School, Clacton-on-Sea, continued to admit children with lung conditions sufficiently severe to classify them as "handicapped" pupils.

### Heart Disease

At periodic medical inspections during 1970, 39 pupils were found to require treatment for heart conditions and 565 were referred for observation, 27 and 403 of these, respectively, were found amongst school entrants. In addition, 2 pupils were found at special inspections to require treatment and 22 were referred for observation for heart defects.

### Diseases of the Ears

#### *Hearing*

The number of children found at periodic medical inspections to require treatment for hearing difficulties increased from 287 in 1969 to 367 in 1970, 276 of these were found in the "entrants" group. Those referred for observation also increased from 971 to 1,340; 992 being in the "entrants". Over and above these figures 63 pupils at special inspections were found to require treatment for hearing defects and 167 were referred for observation.

#### *Otitis Media*

During the year 53 pupils were found at periodic inspections to need treatment for otitis media and 420 were referred for observation. Once again the majority, i.e. 33 and 347 were found in the new school entrants.

#### *Other*

45 pupils were found at periodic inspections to require treatment for other defects of the ear as against 59 for 1969 and the number of pupils referred for observation decreased from 251 to 203. 2 pupils were found at special inspections to need treatment for other ear defects and 8 were referred for observation.



## Orthopaedic Defects

### *Posture*

The number of pupils found at periodic medical inspections to require treatment and observation for postural defects dropped from 26 and 209 in 1969 to 18 and 162 in 1970.

In addition, 6 pupils were found at special inspections to require treatment for postural defects and 16 were referred for observation.

### *Feet*

During 1970, 154 pupils were found at periodic medical inspections to require treatment for defects of the feet and 1,105 were referred for observation. The majority of these, i.e. 89 and 828 were once again in the entrants group.

At special inspection 20 pupils were referred for treatment and 69 for observation for defects of the feet.

### *Other*

67 pupils were found at periodic medical inspections in 1970 to require treatment for other orthopaedic defects, 15 more than 1969 and 638 were referred for observation, an increase of 150.

## Skin Conditions

During the year the number of children found at periodic medical inspections to require treatment for skin conditions was 172 i.e. 68 less than in 1969 but the number referred for observation increased from 980 to 1,061.

## Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1969:-

	1969	1970
External and other eye diseases, excluding errors of refraction and squint	131	54
Diseases of the ear, nose and throat (non-operative treatment)	185	178
Skin diseases, excluding uncleanliness	1,429	1,571
Miscellaneous minor ailments (including enuresis)	1,581	2,038

## Enuresis

During 1970 the Enuresis Clinic at Harlow continued to operate and the following report has been received from Dr. I Ash, Divisional School Medical Officer:-

"The enuresis clinic continues to fulfil a very obvious need, and during the year the number of sessions was increased to two a week.

At the end of 1970 there were still 67 children under treatment as against 70 at the end of 1969.

Given below is an analysis of the cases discharged:-

	New cases	Old cases	Receiving further treatment after relapse.
Cured . . . . .	1 (-)	8 (7)	1 (1)
Greatly improved . . . . .	- (-)	- (-)	1 (-)
Failed to continue treatment . . . . .	4 (4)	9 (8)	1 (1)
Referred to Child Guidance Clinic . . . . .	- (1)	- (-)	- (-)
Temporarily closed . . . . .	- (2)	1 (-)	- (-)
Closed at parents request . . . . .	1 (8)	2 (1)	1 (1)
Spontaneous recovery . . . . .	- (2)	1 (1)	- (-)
Withdrawn before treatment . . . . .	10 (-)	- (-)	- (-)

Note: The figures in brackets relate to 1969

## Diseases of the Eye and Defective Vision

At periodic medical examinations during 1970, 4,273 children were found to have diseases of the eye, made up as follows:-

	Requiring Treatment	Observation
Vision . . . . .	1,105	2,353
Squint . . . . .	202	394
Other defects . . . . .	26	193
	<u>1,333</u>	<u>2,940</u>

## Recuperative Holidays

Eighty-nine children were provided with recuperative holidays during 1970 under arrangements made through the School Health Service.

## SPEECH THERAPY

The following table gives details of speech therapy referrals etc. for 1970 with comparable figures for 1969:-

	1969	1970
Referred for Speech Therapy . . . . .	1,008	1,313
Commenced treatment . . . . .	855	1,034
No. receiving treatment at end of year . . . .	826	852
No. on waiting list at the end of year . . . . .	442	860
Total treated during year . . . . .	1,259	1,633



## CHILD GUIDANCE SERVICE

The Child Guidance Service continued throughout the year and details can be found in Appendix 'D'.

The following is an extract from a report made by Dr. J. Vincenzi the Medical Director at Chelmsford Child Guidance Clinic:-

### Cases Referred to the Clinic

"The number of cases referred to this Clinic during 1970 was 295, and 13 cases were re-referred. 46 cases were referred to St. John's Hospital, and 45 girls were seen at Newport House Remand Home. The main source of referral was via the School Psychological Service (79), but almost as many (65), were referred by General Practitioners.

The average time between referral and diagnostic appointment was 10½ weeks, but prior to the diagnostic appointment parents, and in most cases children, had already been seen by other members of the team.

The number of new cases seen by the Psychiatrists was 214, and the recorded figure for attendances of children and parents for psychiatric interviews and treatment was 1,238 (two, and sometimes three interviews being given per child).

The slightly lower figure referring to new patients seen by the Psychiatrists can be accounted for by the fact that Dr. Calder spent a considerable time during the last weeks of her appointment at this Clinic reviewing and following up old cases. This also explains the large number of closures.

### Clinic Sessions

The Psychiatrists held 375 sessions at Rannoch Lodge - this figure including 24 part sessions at Newport House Remand Home. The number of sessions held here was slightly less than during 1969 owing to Dr. Calder's resignation in November.

It is envisaged that one full session per week may be needed at the Remand Home during 1971, thus taking some time previously used for Rannoch Lodge patients.

20 sessions were held at St. John's Hospital, and the cases seen were mostly from the Mid-Essex area. Help from the Educational Psychologists was enlisted in respect of a number of these children who had educational difficulties, and a number were referred to Rannoch Lodge for inclusion in Play Therapy Groups.

In addition to home visits and interviews at Rannoch Lodge, our Social Workers have continued their Group Therapy meetings for mothers attending with children, and they hope to extend this activity during 1971.

Play Group Therapy and Remedial Teaching Sessions have continued.

### Units for Disturbed Adolescents

There is still no provision in this area for adolescent boys and girls who need in-patient treatment. The absence of such a Unit places an additional burden on Clinic staff.



Dr. J. N. Runes, Medical Director of the Basildon Clinic writes:-

#### **Staff Changes**

"The Clinics have remained fully staffed as regards psychiatric sessions. The possible increase in the number of sessions should be resolved in conjunction with the perennially unfilled vacancy of a psychotherapist. We are not in a position to offer more than periodic treatment, even in cases where frequent treatment sessions are indicated. If we had the help of a psychotherapist or alternatively more psychiatric sessions, we could extend our treatment facilities and extend our scope in this direction. Our waiting list has remained quite substantial, especially as our priorities like school phobias and acute mental disturbance, have demanded extra time. We are greatly helped by being at present fully staffed in respect of Educational Psychologists, but we remain handicapped by the shortage of Psychiatric Social Workers or Social Workers.

#### **Treatment**

As mentioned before, we cannot offer regular psychotherapy although we have in every year a substantial number of children requiring such treatment. However, we are able to offer the facilities of our tutorial centre wherever educational failure is the main symptom. My joint clinic with the paediatrician of St. Andrew's Hospital has continued and if time were available, we would possibly extend this service.

I understand that the local hospital is nearing completion but so far no arrangements have been discussed in regard to arranging psychiatric facilities for children. We still have to apply to the two other Units in the County and there is often a waiting time of considerable duration. In certain cases a move to a distant place has counteracted our good intentions as the parents were unable to visit regularly and on account of that, have often refused admission for their children.

As there is no Adolescent Unit in this area we have often had to resort to hospitalisation at quite a distance. In some instances we had to watch our patients getting into increasing difficulties for lack of hospital treatment.

#### **Meetings**

We had our regular clinical conferences, which were occasionally attended by headmasters, Children's Department Officers, school counsellors and probation officers, who are concerned with some particular cases. We have also offered facilities for introducing to child guidance health visitor students, as well as students from colleagues.

#### **Referrals**

There was a slight increase in the number of our referrals. We have been very much concerned about one particular type of referral, namely that of children who refuse to attend school. Most of these children suffer from school phobia. We have the feeling that in both our Clinics the numbers of actual and latent school refusal cases are on the increase. Again, such cases require hospital facilities, as ingrained cases of school refusal are most difficult to treat at Out-patient clinics.

We have closely co-operated with the local Day School for Maladjusted Children; this establishment has helped us greatly in our work.

Dr. J. Waldman, Medical Director of Loughton Child Guidance Clinic writes as follows:-

"This last year has seen the move of the Clinic from our premises at Loughton Hall, to slightly more spacious ones at St. Nicholas Infants School, Whitehills Road, which has the disadvantage, however, of being geographically slightly less accessible.

Miss Piper, our Educational Psychologist, has left us to take up a senior appointment in South-East Essex and has been replaced by Mrs. C. Knapp.

We are still awaiting the replacement of Miss Wild, Psychiatric Social Worker, who married and left us to settle in Colchester, where she has taken up a County appointment. We are waiting for Mrs. Webb to take up a Social Worker appointment in August 1971 and the absence of adequate social worker help has continued to handicap us in our work. However, the appointment of Mrs. Jacobs, formerly of Harlow Child Guidance on a one session a week basis (she is lecturing at Hatfield Polytechnic in the new Department of Psychological and Social Studies) and the part-time temporary appointment of Mrs. Lovelock, as a social worker, will, we are hoping, make good this deficiency to some extent."

### 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 . . .	306	19.6
General Practitioners . . . . .	344	22.1
Consultants . . . . .	85	5.4
Educational Psychologists . . . . .	296	19.0
Head Teachers . . . . .	115	7.4
Children's Officer . . . . .	55	3.5
Probation Officers . . . . .	12	0.8
Magistrates . . . . .	20	1.3
Direct referrals . . . . .	258	16.5
Others . . . . .	69	4.4
	1,560	100.0

### The School Psychological Service

Once more I am indebted to the Chief Education Officer for the report by the Psychologist to the Education Committee which can be found in Appendix 'D'.



## AUDIOLOGY SERVICE

The Audiology Clinics in Chelmsford, Colchester, Harlow and Rayleigh continued throughout the year under the supervision of Dr. A. N. Cammock. The Thurrock Clinic opened in June, also under Dr. Cammock's supervision.

The following comments have been received from Dr. Cammock:-

Children are referred to the Audiology Clinic when their hearing is suspect because they do not answer the spoken word properly, are slow to talk, speak badly or not at all, are doing badly at school, seem indifferent to their surroundings or have behaviour disorders. The causes of these various deviations from normal are diverse and maybe multiple i.e. structural, neurological or mental deficiencies or disease; emotional, social or environmental troubles.

Immediate investigation of such a complex situation requires more knowledge than can be carried in one head and more experience than can be acquired in one lifetime so the clinic is staffed by an Otologist with a special interest in audiology, a County Medical Officer with special skills in the evaluation of child development and social problems, a Peripatetic Teacher of the Deaf and a Health Visitor who acts as an audiometrician in most of the cases. This arrangement brings several specialist skills to bear on the one child at the one time so that a diagnosis can usually be made and treatment started at the first visit. It also results in a profitable interchange of knowledge between the members of the team. Treatment may consist of one or more of the following: Referral for surgery, provision of a hearing aid together with instruction of the parents and child by the Peripatetic Teacher of the Deaf, admission to a special unit or school for the partially hearing, referral for psychiatric advice, educational therapy or social help and advice to the family.

All the cases seen in the clinic and those children in schools for the deaf, whether referred there by the clinic or other institutions, are followed up at varying intervals to ensure that all the appropriate available resources are being used to help them until they leave school; after which they receive no further help from the County.

The report of the Advisory Teacher of the Deaf is given in Appendix 'E'.



## HANDICAPPED PUPILS

### Blind and Partially Sighted Pupils

23 pupils were registered as blind at the end of 1970, 1 less than last year; 15 were at residential schools, 1 at a day special school, 3 at ordinary schools or elsewhere and 4 (all under 5 years of age) awaiting placement. Sixty-nine children were registered as partially sighted, 21 were at day special schools, 23 at residential special schools, two at ordinary schools or elsewhere, and 7 (two under five years of age) were awaiting placement. Sixteen (two under five years of age) were not considered to require special educational treatment.

### Deaf and Partially Hearing Children

During 1970, 4 children were newly assessed as deaf and 17 as partially hearing. At the end of the year 61 children were ascertained as deaf and 205 as partially hearing.

The placement of the deaf children was 26 at day special schools, 30 at residential special schools, none at ordinary school, 3 were awaiting placement and 2 were not considered to require special educational treatment. 75 of the partially hearing pupils were at day special schools, 52 at residential special schools, 20 at ordinary schools and 1 elsewhere. Of these, 14 were under five years of age. Nine pupils (6 under 5 years) were awaiting placement and 48 (1 under 5 years) were not considered to require special educational treatment.

I am indebted to Dr. D. A. Smyth, Divisional School Medical Officer, for the South-East-Essex Division, for the following reports on the special units for partially hearing at the Edward Francis County Junior School and Glebe County Infants School:-

#### Edward Francis County Junior School - Partially Hearing Unit

"1970 was a year of changes in the units. From January to July six children aged 9 - 11 years were at Edward Francis School with a very good remedial teacher and welfare assistant. Eight children were housed in a classroom at Glebe Infants' School, Rayleigh, while a new room was being built at Edward Francis School, and the teacher of the deaf was given the services of a Glebe Welfare Assistant. These eight children ranged from profoundly deaf to partially hearing and varied greatly in intelligence. To give details of hearing loss or I.Q. is misleading in the unit situation as intelligible speech and successful integration with hearing children demand indefinable qualities not necessarily directly connected with either hearing loss or intelligence level.

In February 1970, the younger children moved to the completed classroom and a new welfare assistant was appointed. However we lost her services in June, as she went to work at the Ealing Hospital for Deaf Babies. Since coming to their new school all children except one are integrating successfully. We are asking psychiatric help in the case of the child who seems misplaced here.

Shortly after our move two children left, one went to Crawley, Surrey, the other to Southend. However our numbers were again increased in September when one child came from Glebe Infants' School and a second came from Bardfield School, Basildon. Also in September a new teacher of the deaf and welfare assistant were appointed for the old class.



From September 1970, there were six children in the senior class with an age range of 9 - 11 years, and a wide range of hearing losses and I.Q.'s. Most of the children spent at least 50% of their school time integrated with normal classes.

All the children have had regular visits to the Nuffield Centre, Southend Hospital or Rayleigh Clinic. The adviser for the deaf has been a constant help and the schools psychologist has tested and advised in the case of some of the children.

Number on roll: 15 children in two units.

#### **Glebe County Infants' School Partially Hearing Unit**

In January 1970 there were 7 Infant Children and 6 Nursery Children.

During the year four new three year olds were admitted on the usual half day principle, the hours at school gradually being increased. As in previous years there is a wide range of ability in the Nursery group, and two hearing children continue to assist the group.

#### **September 1970**

One infant child transferred to the Junior Partially Hearing Unit of the Edward Francis School. One six year old girl with a severe hearing loss joined a class in the Infant school for full time integration. She is working well at a high level of attainment. Her success is due to the fullest co-operation of her parents since she first attended the Partially Hearing Unit at the age of three years.

#### **Courses**

The teacher in charge, Miss Bridges, attended the Royal National Institute for the Deaf Biennial Conference and has also attended a number of Society for the Deaf day conferences and general council meetings.

#### **Outings and Activities**

Planned to stimulate the growth of language and experience have included visits to:-

A local Dolls Museum  
Stanway Zoo  
Miniature Zoo

All the children watched a real baby bathed by a District Nurse, and took part in all the school performances and services. Parents attend as many of these as possible in spite of long journeys.

In January 1971 there were:      8 Infant Children  
   9 Nursery Children  
   2 Hearing Children

#### **Delicate Pupils**

There were 389 children on the register ascertained as delicate at the end of 1970, of these 68 were at day special schools, 95 at residential special schools, 11 at ordinary schools, 15 elsewhere, 19 awaiting placement and 181 not thought to require special educational treatment. 14 of these children were under 5 years of age.

I am indebted to Dr. T. D. Blott, Divisional School Medical Officer for the following report on the Branwood Open Air School at Thurrock:-

#### **Branwood School**

"The number of children on roll at the end of the year had fallen slightly to 78. During the year case conferences have been introduced and this has shown an improvement in the quantity and quality of the information concerning each child on the files of our department.

Following the appointment of an additional part-time physiotherapist it has been possible to increase the number of sessions per child and to introduce a counselling service for parents.

A number of children are on controlled diet and extra milk and malt extract is provided for children who are underweight. Prescribed medicines are given as required and all children are given a head, hand and foot inspection twice a term. Children using the swimming pool have a weekly "verruca" inspection.

Hearing and vision tests are given annually.

### **Educationally Subnormal Pupils**

This is the category of handicap with the largest number of pupils, i.e. 1,786, an increase of 71 on 1969. Of these 337 were newly ascertained during the year. The placements were as follows:-

Day Special Schools . . . . .	1,066
Residential Special Schools . . . . .	237
Ordinary Schools . . . . .	29
Elsewhere . . . . .	34
Awaiting placement . . . . .	285
Registered but not requiring S.E.T. . . . .	117
	1,768

Dr. J. A. Slattery Divisional School Medical Officer, Mid-Essex Health Area, writes as follows regarding:-

#### **The Hayward School**

"There are now 118 children on the School Roll and a further 8 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.

Dr. M. Parkes, the School Medical Officer, has made regular inspections during the year and has also visited School on 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, the Audiology Clinic, Springfield, St. John's and the Chelmsford and Essex Hospital.

In addition, the Doctor has completed B.C.G. vaccinations for 9 children and 15 psychological reassessments for children due to leave school. Of these, 11 have commenced full-time employment and 2 have been transferred to the Adult Training Centre, Chelmsford.

Mrs. Gardiner, the Speech Therapist, ceased visiting School on 16th June 1970. We have not had a visiting Speech Therapist since then, but have been promised one early in 1971.

I am pleased to report that Mrs. Charles, the Health Visitor attached to this school, still attends at fortnightly intervals. Her lessons cover Health Education, Hygiene and Baby care, and are invaluable for our girls.



There were no reportable accidents during the year, and the number of children treated for minor cuts and abrasions was reduced from 236 to 64.

The general progress in the growth and development of the children is good, and apart from a few problem families the children are clean and well cared for."

#### **Brentwood, the Endeavour School**

Dr. Deirdre Dooley, the School Medical Officer, reports:-

"I was appointed Medical Officer to the school in September 1970 and during the past few months have seen many of the children in their homes for assessment. I have also carried out the routine medical inspection of the pupils at school and had an opportunity of inspecting the school building in December.

The school is ideally situated away from the main road. It is bright and cheerful with modern furniture and equipment. The staff have been most helpful and the children are cheerful and relaxed, altogether a very happy atmosphere."

Dr. T. D. Blott writes as follows in respect of:-

#### **Dacre School**

During the year, 16 children were admitted to the school making total on roll as at December 1970, 90 children. 10 children of school leaving age left during the year.

There are 21 children in need of speech therapy.

The showers at the senior end of the school are now complete and all children in the school can shower after P.E. or games or when the occasion necessitates.

and also in respect of:-

#### **Treetops School**

At the end of the year 134 children were on the school roll. Visits were received from the staffs of South Ockendon Hospital and Thurrock Junior Training Centre and the swimming pool has been used by children from the Junior Occupation Centre. The pool has now a double glazed roof and two extractor fans. Six boys obtained the preliminary award of the Royal Lifesaving Society and in Thurrock Swimming Gala, four children and the relay team obtained places in various events.

With the aid of Thurrock Technical College students who are working for a diploma in Play Leadership, a senior adventure/assault playground was built. This will give the children physical education under realistic conditions. The playground was opened by Sir John Nelson, Secretary of the National Playing Fields Association.

During Autumn a Viscount Aircraft was hired and Treetops and its environment was explored from a different angle.

The interest in Road Safety has been maintained and the children have created a puppet known as "Wide Awake Willy." This has been presented to Grays Police for work in local Junior Schools. The puppet has been seen by an estimated 90,000 children.



Dr. P. X. O'Dwyer, Basildon Urban District Council, reports as follows:-

#### **Castledon E.S.N. Day School**

The number of children on roll has steadily increased and there are now 47 children attending the school.

The children attend the local clinic for any necessary immunisations and also for treatment for verrucae. Three School Medical Inspections were arranged during the year.

#### **Cedar Hall School**

I am indebted to Mr. Kirt, Headmaster of Cedar Hall Day Special School, for the following report:-

"1970 was a year of academic and social consolidation marred only by far too frequent staff changes; happily, however, staff recruited in the Autumn term quickly settled, so providing an optimistic outlook for 1971.

During the year the number of children attending Cedar Hall rose to 134 whilst some children had to be accommodated in other schools where places were available. Unless extra local E.S.N. accommodation is made available the position will quickly arise where the number on the waiting list could become very large indeed.

An exceptionally large building programme phased over the next few years is taking place on Canvey Island, while places taken by South East Essex children in other Authority Schools could be required for their own children. From evidence available at this time twenty new E.S.N. places each year will be required.

Speech Therapy help given to pupils from 13th April to 24th July proved valuable, assisting those children with gross defects, not only with their speech but also with the development of self confidence. A qualified speech therapist would be a great asset on the permanent staff of Cedar Hall where over 50% of the children have speech defects. The bringing together to E.S.N. children into one school brings into sharp focus the urgent needs of these under-functioning children, viz. speech therapy, hostel accommodation and special workshop provision.

The Friends of Cedar Hall are working towards providing the school with a workshop classroom in 1971/72 dependent upon the raising of £2,500 - £3,000 and the acceptance of the proposal by the Education Authority.

Dr. M. F. H. Bush, Divisional School Medical Officer, North East Essex Area Health Office reports:-

#### **Leas School**

The number of E.S.N. children receiving special education has increased due to the opening of the Leas Day Special School, Clacton at Easter 1970. The number of children attending at the end of the year was 90.

#### **Maladjusted Pupils**

455 children were on the register at the end of 1970 ascertained as maladjusted. 103 of those were newly ascertained during the year. Seventeen of those ascertained were at day special schools, 301 at residential special schools, two at an ordinary school and 10 elsewhere. 85 children were awaiting placement and 40 were not thought to require special educational treatment.

### Epileptic Pupils

At the end of 1970 there were 57 children on the register who had been ascertained as epileptic, 4 of whom were newly ascertained during the year. Of these, 14 were at residential special schools, 2 at day special schools and 4 elsewhere. There were 3 children awaiting placement and 34 not thought to require special educational treatment.

### Physically Handicapped Pupils

There was a total of 455 children on the register as physically handicapped at the end of the year. Of these, 61 (19 under 5 years of age) were newly ascertained during the year. The placement of these pupils was as follows:-

At Day Special School . . . . .	77
At Residential Special Schools . . . . .	82
At Ordinary Schools . . . . .	24
Elsewhere . . . . .	33
Awaiting Placement . . . . .	36
Not requiring special education treatment . . . . .	203
	<hr/>
Total . . . . .	455
	<hr/>



## B.C.G. VACCINATION

School children and students in attendance at establishments for further education continued to receive vaccination protection against tuberculosis during 1970.

The following table gives details of the vaccination carried out:-

Division (1)	Number 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	1,620	86	5.3	1,469
Mid-Essex	931	68	7.3	853
South-East Essex	1,292	29	2.2	1,121
West Essex	2,551	144	5.6	2,292
Harlow	1,605	43	2.7	1,406
Thurrock	1,114	84	7.5	936
Basildon	1,180	61	5.2	1,046
Colchester	1,491	58	3.9	1,351
Administrative County	11,784	573	4.9	10,474

## INFECTIOUS DISEASES

Appendix 'G' of this Report gives a table showing the number of notifications of infectious and other notifiable diseases received during 1970 in respect of school children.

## HEALTH EDUCATION

The Working Party formed to consider a "blueprint" for health education in schools completed a preliminary draft of a handbook which it is hoped will prove to be of value to teachers and others who are concerned with ensuring the acceptance by school children of the principles of healthy living. It is hoped to publish this handbook during the coming year.

In 1970 the demand for health education throughout the Administrative County increased still further over that of previous years. This was particularly so in the case of requests for health education courses to be carried out in secondary schools covering the following subjects:-

Smoking and Health	Home Safety
Venereal Disease	Resuscitation
Sex Education	Dental Health
Misuse of Drugs	Nutrition
Personal Relationships	Mental Health



The arrangements for these courses are normally made direct between the school and the Health Education Officer so as to ensure that the projected programme is suitable to meet the particular needs of the pupils at individual schools.

Courses range from a series of between six and ten sessions up to those designed to cover the full academic year. The sessional pattern of many of these courses covers a full afternoon, the first hour being utilised in introducing and speaking on the chosen subject, supplemented by visual aids where necessary. Afterwards discussion groups are formed and the session is concluded with reports and comments to the speaker by the leaders of the groups. Every endeavour is made to involve members of the teaching staff who have previously discussed the subject matter with the speaker, by arranging that they should act as the leaders of these discussion groups. This it is found helps to stimulate discussion and to bring out the views of the pupils who otherwise might not feel able to comment.

Whilst the interest shown by pupils in these courses is encouraging, the demand from schools is now such that the number of health education staff available is insufficient to cope with the need. Every opportunity is therefore taken to obtain a greater involvement of the teaching staff in health education matters generally in an effort to reduce the pressure on the health education staff.

Health education courses similar to those given to schools are also offered, through the Head Teacher, to parent/teacher associations and in many instances these are accepted. Whilst these arrangements add considerably to the already heavy commitments of the health education staff, the meetings are nevertheless felt to be worthwhile.

A successful one day course on health education was held at the Chelmsford College of Further Education in July when a health education team spoke to college students on smoking, venereal disease, contraception and drugs. Following each session the students formed discussion groups after which they re-assembled for a period of questions. During the mid-day intervals the films "This is Your Lung" (Smoking), "Quarter Million Teenagers" and "Innocent Party" (Venereal Disease), and "Narcotics - The Decision" (Drugs), were shown to a capacity audience.

In connection with all these courses over 300 film shows have been given by the health education staff of the Central Office to illustrate the subject under discussion and to stimulate the interest of the pupils.

### **Smoking and Health**

The experience gained in the smoking and health campaign under-taken in schools in North-East Essex is being applied to other junior schools in the county and it is hoped that this will have a beneficial effect on the future smoking habits of these junior school children. In this connection, the opportunity is taken when visiting secondary schools to endeavour to assess the

effect that earlier campaigns may have had on the childrens smoking habits in later years and this process will be continued so that any significant trend can be observed and reported upon.

Smoking and health campaigns have now been instituted in the form of biennial visits and are concentrated on the two upper years of all primary schools, the programme on these occasions being similar to the initial campaign.

#### **Dental Health Education**

The dental health education programme in West Essex has now been concluded and transferred to the Thurrock area of the county. The experience and knowledge gained from the earlier programme is being applied and it is encouraging to note the increasing interest and support of this campaign by the parents.

### **PHYSICAL EDUCATION**

I am once again indebted to the Chief Education Officer for the Report (Appendix H) by the Senior Adviser of Physical Education.

#### **SCHOOL SWIMMING POOLS**

The number of pools at Schools in the County increased by 15 during 1970.

Weekly reports are completed by Headmasters and samples of the water are taken from time to time by the Public Health Inspectors.



## ROAD ACCIDENTS

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

During 1970 there were 26 fatal accidents. Of the children concerned 21 were killed as pedestrians 2 as pedal cyclists and 3 passengers.

Child pedestrians injured . . . . .	705
Child pedal cyclists injured . . . . .	289
Children injured (other than as pedestrians or pedal cyclists) . . . . .	466

### Casualties by age groups 1970

0 - 1 . . . . .	19 (1)
1 - 2 . . . . .	38 (3)
2 - 3 . . . . .	50 (-)
3 - 4 . . . . .	95 (-)
4 - 5 . . . . .	96 (3)
5 - 6 . . . . .	94 (1)
6 - 7 . . . . .	139 (3)
7 - 8 . . . . .	137 (4)
8 - 9 . . . . .	131 (3)
9 - 10 . . . . .	111 (2)
10 - 11 . . . . .	97 (2)
11 - 12 . . . . .	109 (-)
12 - 13 . . . . .	114 (2)
13 - 14 . . . . .	117 (1)
14 - 15 . . . . .	139 (1)
	<hr style="width: 100%; border: 0.5px solid black; margin-bottom: 5px;"/> 1,486(26)

The figures in parentheses denote the numbers killed.

Children up to 5 years were responsible for 141 accidents and from 5 to 15 years 747 accidents.

The main causes of accidents for which children were responsible are shown below:-

	Up to 5 years	5 - 15 years
Pedestrians crossing road NOT masked by a vehicle	67	290
Pedestrians crossing road masked by stationary or moving vehicle	46	175
Cyclists turning right without due care	-	37
Cyclists pulling out from offside or nearside without due care	2	29
Cyclists not paying attention	-	33
Cyclists losing control or inexperienced	1	20
Cyclists turning left without due care	-	8



## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1970

### Staff

The full-time equivalent of 35.2 dental officers of all grades were in post on 31st December 1970, compared with 28.2 at 31.12.69, out of an authorised establishment of one Principal School Dental Officer, eight Area Dental Officers and 40 Dental Officers. This increase in professional staff is reflected in the increased number of sessions devoted to treatment for the year as a whole of 12,631 compared with 12,245 in 1969. The level of staffing related to treatment needs varies from Division to Division, and whilst an improvement would be welcome in the Harlow and West-Essex Divisions, it is only in the Thurrock Division that the staffing position is totally inadequate. Every effort continues to recruit additional staff to fill vacancies by advertisements in the professional press and through contact with the teaching hospitals.

It is of interest that according to the Annual Report for 1969 of the Department of Health and Social Security there are slightly fewer dentists in N.H.S. practice in Essex (1 to 4,834 of the total population) than in England as a whole (1 to 4,474). This increases the load on the School Dental Service, the ratio of which is 1 dental officer to 6,200 school children. Ideally, to give a comprehensive service to all school children requiring treatment, the ratio should be in the order of 1 dental officer to 3,500 children.

The County Council agreed to increase the establishment of the Dental Service from 1st April 1971 by creating the post of orthodontist, who when appointed, will visit clinics to advise dental officers on diagnosis and treatment planning for children with tooth irregularity as well as undertaking personally the treatment of more complex cases. This should obviate the present unsatisfactorily long waiting period experienced when children are referred to hospital for specialist opinion, as well as saving the patients and their parents travelling time and expense.

### Dental Ancillary Workers

Of the authorised establishment of 8 dental auxiliaries, the full-time equivalent of 4.3 were in post at 31.12.70. compared with 2.0 at 31.12.69, 2 working in the West-Essex Division, 1 in Harlow, 1 in Thurrock and 1 part-time in Mid-Essex. The recruitment of dental auxiliaries proved disappointingly slow during the year although another auxiliary was appointed at the end of the year to take up full-time duties in the Thurrock Division in February 1971, and several student auxiliaries, who will complete their training in July 1971, were interviewed during the Christmas vacation, some of whom, it may reasonably be hoped, will take up duty in 1971.

Continuing experience has shown the value of dental auxiliaries in increasing the amount of conservative treatment, particularly for younger children. They have been well accepted by patients, parents and dental officers alike and the standard of their work is high. Some of the dental auxiliaries carry out dental health education teaching in schools and it is felt that their work in the preventive field is of importance.



The full-time equivalent of 40.2 dental surgery assistants were in post at the end of the year, one assistant being employed with each dental officer and dental auxiliary, with additional assistants to cover general anaesthetic treatment sessions. The importance of the dental surgery assistant's role as the dentist's third hand and in ensuring the harmonious working of the dental team in relation to the patients can hardly be over estimated and their loyal and conscientious help is highly appreciated. During the year, 1 dental surgery assistant gained the Certificate of the Dental Nurses Association by examination. By widening and extending their knowledge in this way, dental surgery assistants not only enjoy their work more but are also better able to help the dental officers.

It was not felt desirable to try and fill the one vacant post of dental hygienist and no dental technicians were employed. Satisfactory arrangements for the construction of dentures, orthodontic appliances, crowns and inlays continued with outside technicians to the profession.

### **Clinics and Equipment**

At the end of the year, there were 38 fixed clinics with one surgery only, and 10 clinics with two surgeries, together with 2 mobile clinics, giving a total of 58 surgeries available, of which 56 were in use. The increase of one more single surgery clinic than in 1969 is due to the completion of Greenstead Clinic, Colchester, whilst additional surgeries for dental auxiliaries were opened at the Braintree and Stanford-le-Hope Clinics. The clinic at Corringham and the second surgery at Aveley have not been brought into use due to staff shortages. Building of the new Laindon Health Centre was started during the year, whilst after Christmas the Grays clinic was transferred from Glasson House, which was due for demolition, to 2 Palmers Avenue, Grays. The arrangement continued whereby the premises of a general dental practitioner in Brightlingsea were hired, but unfortunately the practitioner in Caversham (near Reading) treating pupils of the Kennylands School terminated his agreement at the end of the summer term. It was not possible to make similar arrangements with another practitioner but the Kennylands School children received treatment as necessary from practitioners through the National Health Service. Two mobile dental clinics were delivered in May and June, for dual purpose use either to provide surgery accommodation for dental auxiliaries at busy one-surgery clinics, or to enable a dental officer to take treatment to schools, rural or otherwise, where it is difficult for patients to travel to a fixed clinic. The first of the mobile clinics was exhibited at the Essex County Show in June. Owing to an unforeseen delay in installing electric and water points at certain selected clinics and schools together with a slow recruitment of dental auxiliaries, it was not possible to bring the mobile clinics into use immediately after delivery. No. 1 mobile was brought into use early in September, firstly at Loughton Hall Clinic and later at Ongar by a dental auxiliary, whilst No. 2 mobile has been in use since October at Thundersley and latterly at Hullbridge by dental officers. By the year's end, 6 clinics and some 3 schools had had the necessary electric and water connections installed and it is planned that another 11 schools will have similar installations completed during 1971.



The growing problem of irregular and infrequent bus services, combined with increasing fares, underlines the need for treatment to be taken to the pupils of rural schools, and with the growing demand by Heads for this method which ensures minimum loss of school time by children, serious consideration will have to be given to the provision of a third mobile clinic in 1971.

The policy of providing adequate suction apparatus as recommended in the Report "Dental Anaesthesia" (H.M.S.O. 1967) continued and another ten clinics were provided with power operated aspirators. Inevitably, some clinics are more modern than others, but subject to the over-riding need for economy, every effort was made to ensure that equipment and materials conformed to modern standards and new surgeries allow modern methods of horizontal dentistry to be practised through the use of fully reclining chairs and mobile units.

Monitoring of staff concerned with x-rays was repeated during the year, and no reports of undue radiation dosage were received.

### **Inspection and Treatment**

The totals of dental inspections, attendances and for all types of treatment carried out during the year appear on Page 47. The figures appearing in parenthesis hereunder refer to the previous year, 1969.

A total of 87,592 (86,080) children, together with 26,403 (25,572) inspected at clinics, were routinely inspected at school. Some 113,995 (111,552) pupils out of a total school population of 200,209 received a dental inspection during the year, approximately 57%. This percentage is unsatisfactorily low bearing in mind that the aim of the School Dental Service is to inspect every child at school at least once a year, offering treatment to those requiring it. Until the number of staff in post approaches the authorised establishment, this aim cannot be achieved except at the expense of reducing treatment. Policy is to provide emergency cover for all children and to concentrate inspection and treatment on the younger children with a view to early prevention and conservation.

50,976 (46,982) pupils were found to require treatment as a result of inspection i.e. 44.7%, and 48,947 (45,244) were offered treatment. A further 9,885 (7,722) children were re-inspected at school or clinic during the year, of whom 5,090 (4,726) were found to need treatment.

29,140 (27,745) individual children made 73,765 (70,515) attendances for treatment during the year, the average number of visits per child being 2.5 (2.5). 32,134 (31,234) courses of treatment were undertaken, of which 24,276 (23,398) were completed, that is 76%. In addition, 2,723 (2,630) emergency cases were seen.

26,627 (24,695) fillings in deciduous teeth and 39,219 (35,127) fillings in permanent teeth were carried out. 13,362 (12,198) deciduous teeth and 3,518 (3,167) permanent teeth were extracted, the ratio of permanent teeth extracted to permanent teeth filled 33,532 (30,517) remaining commendably at 1:9.5.



6,349 (6,048) general anaesthetics, all of which, except for 184, were administered by medically qualified specialists. 526 (489) new orthodontic cases were started during the year and 404 (352) were completed. 119 (120) children requiring more complex orthodontic diagnosis and treatment were referred to hospital consultants. 697 (687) removable orthodontic appliances were fitted.

70 (81) dentures were supplied together with 128 (106) crowns and 12 (12) gold inlays constructed by outside dental technicians. Whilst the general pattern of treatment carried out was similar to that in previous years, it is praiseworthy that not only do all forms of treatment show an increase (except for the number of dentures fitted, teeth root filled, and cases referred to hospital consultants), as indeed would be expected in view of the increase number of sessions, 12,631 (12,245) worked during the year, but also that output per dental officer per session has risen, in the case of fillings, from 4.8 to 5.2.

### **Dental Health Education**

The survey carried out in 1969 and fully reported in the previous Annual Report showed that 5 year old school entrants in Essex averaged more than 4 decayed teeth and that even in the naturally fluoridated areas of the County 5 year old children had more than 2 decayed teeth. From surveys carried out in other parts of the country, and by the Principal School Dental Officer, (Staffordshire 1961, 1962 and 1966), it can be deduced that one tooth decays in every school child's mouth every year, at least up until the age of 15 beyond which no reliable statistics are available. It can be fairly confidently forecast, therefore, that 200,000 teeth will begin to decay in any one year in Essex where there are 200,000 pupils in the age range from 5 to 15 years. Faced with dental disease on this scale, with, due to manpower and financial shortages, inadequate staff to repair all the ravages of dental decay, it is both logical and essential to take all available steps to prevent dental disease. Obviously, fluoridation of the water supplies, would, by eventually halving the amount of decay, reduce the problem to a manageable size. Pending a consensus of agreement to fluoridate, however, very great importance is attached to dental health education in schools and clinics.

The dental health assistant has been fully extended throughout the school year teaching and demonstrating dental health to school children, both in conjunction with the full dental health exhibition and in follow-up work. Dental health education was concentrated in the West-Essex Division schools during the first 10 months of the year, and during this period the following schools were visited by the full dental health exhibition and every class received up to 40 minutes of teaching, as well as films, on dental care by Mrs. Chopping, the whole-time dental health assistant.

High Ongar County Primary  
Theydon Bois County Primary  
Epping County Primary Infants  
Epping County Primary Juniors  
North Weald (St. Andrew's) C. of E. Primary  
Theydon Garnon C. of E. Primary



Stapleford Abbots County Primary  
Epping Upland C. of E. Primary  
Lambourne County Primary  
St. Luke's (E.S.N.)  
Chigwell High View (E.S.N.)  
Blackmore County Primary  
Willingale C. of E. Primary  
Fyfield (Dr. Walker's) C. of E. Primary  
Roydon County Primary

By special request, Silver End School, Witham, was also visited from 10th to 12th March.

Starting in November, dental health teaching was switched to the Thurrock Division, the programme of school visits in West-Essex having been completed. The following Thurrock Schools were visited in November and December:-

Aveley County Junior  
Aveley County Infants  
Summers Heath County Juniors  
Summers Heath County Infants  
Holy Cross R. C. Juniors  
Benyan County Infants  
Dilkes County Juniors  
Dilkes County Infants  
Holy Cross R. C. Infants

At all the schools visited, parent teacher meetings were arranged at which the opportunity of explaining the aims of dental health to parents was taken and questions invited. These meetings, most often held in the evening, were attended by all or some of the following; Area Dental Officer, County Health Education Officer or his Deputy, and the Chief Dental Officer. With the continuing shortage of dental staff in Thurrock it is felt that to an even greater extent there is need of spreading knowledge concerning the prevention of dental disease.

Pierre the Clown visited 33 schools, which had already had full dental health exhibitions in West-Essex, from 16th to 20th March where his humorous method of getting over the message of dental health education was much enjoyed by the 6,350 pupils and their teachers alike and it is thought his visits ably reinforced our efforts.

The number of schools listed above, 25, which received the full dental health education exhibition and teaching, represents a full and busy year's work and thanks are due to the staff of the County Health Education Department who so ably organised the transport and erection of exhibits, projectors and dental equipment.



As the number of dental auxiliaries slowly increases so does the amount of dental health education. The auxiliaries are encouraged to spend one or two half days a week in schools on this type of work and a start has been made in their attending ante-natal and welfare clinics where they can get over to mothers, at a mentally receptive time, the principles of tooth care.

Acknowledgement must also be made of the unfailing help and co-operation of the County Health Education Officer, under whose control, and in close consultation with the Principal School Dental Officer, all dental health work is co-ordinated.

### **Post-Graduate Courses**

In conformity with the County Council's policy of ensuring that dental officers keep abreast of current professional advances, 4 members of the staff attended refresher courses during the year, 2 at a course organised by the Society of Medical Officers of Health, and 2 at a course organised by the British Dental Association in London. Three Area Dental Officers attended the Annual Conference of the British Dental Association held in Manchester during July.

The Chief Dental Officer completed the part-time course of study for the Diploma in Dental Public Health in June and obtained the diploma by examination in July. The County Council decided that one dental officer should be assisted to attend the course for the D.D.P.H. each year and Mr. A. D. French, Area Dental Officer, West-Essex duly started his studies in October.

### **General Observations**

The year under review has shown a welcome improvement in the staffing position, the improvement largely occurring during the latter part of the year. It is too soon to determine whether this increase of staff is transient or marks the beginning of a permanent trend to salaried dental public health work. The generally much lower level of remuneration in the School Service as compared with that obtaining in general practice and in the hospital service, coupled with continuing uncertainty about the future re-organisation of the health services, all tend to hinder recruitment.

The dental treatment needs of the children of this country are very great. More treatment for children is carried out, in total, by general dental practitioners than by the School Dental Service and this situation will no doubt continue. It matters little through which branch of the profession children receive treatment, but it is all important that every child should be able to receive all necessary treatment. Nevertheless, it would seem that in any future scheme of re-organisation there is a place for a salaried dental service to carry out routine school dental inspections and, in particular, the treatment of those children who by reason of physical and mental handicap pose special problems and whose handling involves considerable time.

Assuming the continuation of a salaried dental service, it seems quite certain that increasingly greater use must be made of dental auxiliaries. Although the first dental auxiliary in Essex commenced duty as recently as 1969 it is



already apparent from the statistics on page 48 wherein for the first time details of the work of dental auxiliaries is set forth separately, that these girls are making a real and very worthwhile contribution. Every encouragement is given to dental officers to supervise dental auxiliaries and to bring reality to the concept of the dental team. To re-state the obvious, the total dental manpower of the country is inadequate and to expect a dramatic influx of dentists into the School Service is unrealistic even if it were financially possible. The best use of ancillary help through dental auxiliaries and dental surgery assistants must be made to increase the treatment facilities for children.

One other feature, briefly alluded to earlier in this report, is the growing difficulty of pupils of rural schools attending for treatment at clinics which may be several miles from their homes and schools. The average course of treatment per pupil involves nearly three attendances. Not every family possesses a motor car, bus services are often infrequent and expensive and many mothers are at work. As a result, absence from school is prolonged, some parents do not take advantage of offers of treatment for their children and the school dentist has appointments that are not kept. It would seem that for schools remote from fixed clinics, bringing the treatment to pupils by mobile dental clinics would have many advantages not least the more efficient use of dental officers time. The gradual development of this policy of using mobile clinics might well be accompanied in time by a degree of concentration of fewer, but larger multi-surgery, fixed clinics wherein the full potential of team dentistry could be realised.

J. C. TIMMIS LDS, RCS, DDPH.  
Principal School Dental Officer



## APPENDIX 'A'

### MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER 1970.

**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) (1)	No. of Pupils who have received a full medical examination (2)	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin).		
		Satisfactory No. (3)	Unsatisfactory No. (4)		for defective vision (excluding squint) (6)	for any other condition recorded at Part II (7)	Total individual pupils (8)
1966 and later	311	311	-	-	1	8	9
1965	7,489	7,470	19	-	109	432	526
1964	13,019	13,004	15	-	219	808	1,005
1963	2,866	2,863	3	44	58	140	189
1962	772	768	4	1,488	31	66	95
1961	3,040	3,038	2	4,806	60	154	210
1960	1,984	1,983	1	1,904	51	97	145
1959	630	630	-	1,013	32	51	82
1958	594	591	3	432	29	36	64
1957	1,777	1,776	1	985	47	45	88
1956	3,381	3,379	2	2,276	154	121	261
1955 and earlier	6,144	6,143	1	1,097	314	176	470
<b>TOTAL</b>	<b>42,007</b>	<b>41,956</b>	<b>51</b>	<b>14,045</b>	<b>1,105</b>	<b>2,134</b>	<b>3,144</b>

Col. (3) total as a percentage of Col. (2) total = 99.88%

Col. (4) total as a percentage of Col. (2) total = 0.18%

**Table 'B' - Other Inspections**

Number of Special Inspections . . . . .	6,428
Number of Re-inspections . . . . .	<u>12,212</u>
Total . . . . .	<u><u>18,640</u></u>

**Table 'C' - Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorized persons .....	108,266
(b) Total number of individual pupils found to be infested.....	873
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).....	60
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).....	4

**PART II - Defects found by Medical Inspections during the year**

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	*T	68	51	53	172	190
		*O	685	199	177	1,061	73
5	Eyes - a. Vision	T	407	411	287	1,105	134
		O	1,451	439	463	2,353	402
	b. Squint	T	149	10	43	202	5
		O	292	31	71	394	47
	c. Other	T	14	3	9	26	6
		O	93	43	57	193	6
6	Ears - a. Hearing	T	276	28	63	367	63
		O	992	73	275	1,340	167
	b. Otitis Media	T	33	2	18	53	-
		O	347	28	45	420	16
	c. Other	T	13	-	32	45	2
		O	131	13	59	203	8
7	Nose and Throat	T	170	40	76	286	36
		O	2,007	152	464	2,623	168
8	Speech	T	159	7	60	226	45
		O	571	28	130	729	73
9	Lymphatic Glands	T	14	3	2	19	4
		O	517	17	48	582	27
10	Heart	T	27	6	6	39	2
		O	403	50	112	565	22
11	Lungs	T	41	22	31	94	3
		O	619	64	165	848	66
12	Developmental - a. Hernia	T	27	-	11	38	1
		O	94	6	22	122	16
	b. Other	T	48	6	40	94	15
		O	668	70	144	882	72
13	Orthopaedic - a. Posture	T	9	4	5	18	6
		O	87	28	47	162	16
	b. Feet	T	89	27	38	154	20
		O	828	81	196	1,105	69
	c. Other	T	39	11	17	67	9
		O	461	66	111	638	30



Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
14	Nervous System - a. Epilepsy	T	9	1	11	21	2
		O	76	17	38	131	22
	b. Other	T	10	6	8	24	7
		O	254	36	123	413	33
15	Psychological - a. Development	T	28	8	46	82	139
		O	400	82	257	739	250
	b. Stability	T	31	5	46	82	15
		O	921	82	324	1,327	174
16	Abdomen	T	8	1	7	16	3
		O	155	24	69	248	14
17	Other	T	61	51	37	149	13
		O	213	95	127	435	75

\*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 . . . . .	2,144
Errors of refraction (including squint) . . . . .	6,089
Total . . . . .	<hr style="width: 100%;"/> 8,233 <hr style="width: 100%;"/>
Number of pupils for whom spectacles were prescribed . . . . .	2,794

**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 . . . . .	7
(b) for adenoids and chronic tonsillitis . . . . .	381
(c) for other nose and throat conditions . . . . .	4
Received other forms of treatment . . . . .	<hr style="width: 100%;"/> 1,123 <hr style="width: 100%;"/>
Total . . . . .	<hr style="width: 100%;"/> 1,515 <hr style="width: 100%;"/>
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1970 . . . . .	45
(b) in previous years . . . . .	303

Table 'C'. Orthopaedic and Postural Defects.

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments . . . . .	354
(b) Pupils treated at school for postural defects . . . . .	18
	—
Total . . . . .	372
	=

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 . . . . .	-
(b) Body . . . . .	-
Scabies . . . . .	1
Impetigo . . . . .	9
Other skin diseases . . . . .	1,561
	—
Total . . . . .	1,571
	=

Table 'E'. Child Guidance Treatment

	Number of Pupils known to have been treated
Pupils treated at Child Guidance Clinics . . . . .	2,576

Table 'F'. Speech Therapy

	Number of Pupils known to have been treated
Pupils treated by Speech Therapists . . . . .	1,633



**Table 'G'. Other Treatment Given**

	Number of Pupils known to have been treated
(a) Pupils with minor ailments . . . . .	1,232
(b) Pupils who received convalescent treatment under School Health Service arrangements	89
(c) Pupils who received B.C.G. Vaccination . . . . .	10,474
(d) Other than (a) (b) and (c) above:- Enuresis . . . . .	806
Total . . . . .	<u>12,601</u>

**Dental Inspection and Treatment carried out by  
the Authority**

**Inspections**

(a) Pupils inspected at school . . . . .	87,592
(b) Pupils inspected at clinic . . . . .	26,403
Number of (a) and (b) found to require treatment . . . . .	50,976
Number of (a) and (b) offered treatment . . . . .	48,947
(c) Pupils re-inspected at School or clinic . . . . .	9,885
Number of (c) found to require treatment . . . . .	5,090

**Attendances and Treatment**

Total visits . . . . .	73,765
Additional courses of treatment commenced . . . . .	2,994
Courses of treatment completed . . . . .	24,276
Visits for emergency treatment . . . . .	2,723

**Fillings.**

(a) Permanent teeth . . . . .	39,219	
(b) Deciduous teeth . . . . .	<u>26,627</u>	65,846

**Teeth filled:**

(a) Permanent teeth . . . . .	33,532	
(b) Deciduous teeth . . . . .	<u>23,824</u>	57,356

**Teeth extracted:**

(a) Permanent teeth . . . . .	3,518	
(b) Deciduous teeth . . . . .	<u>13,362</u>	16,880

General anaesthetics administered . . . . .	6,349
Pupils X-rayed . . . . .	2,361
Prophylaxis . . . . .	4,916
Teeth otherwise conserved . . . . .	4,897
Teeth root filled . . . . .	222
Inlays . . . . .	12
Crowns . . . . .	128

### Orthodontics

New cases commenced during year . . . . .	526
Cases completed during year . . . . .	404
Cases discontinued during year . . . . .	82
Number of removable appliances fitted . . . . .	697
Number of fixed appliances fitted . . . . .	15
Pupils referred to Hospital Consultant . . . . .	119

### Prosthetics

Pupils supplied with full upper and lower dentures (first time) . . . . .	1
Pupils supplied with other dentures (first time) . . . . .	60
Number of dentures supplied . . . . .	70

### Sessions

Sessions devoted to treatment . . . . .	12,631
Sessions devoted to inspection . . . . .	703
Sessions devoted to Dental Health Education . . . . .	282

### Dental Auxiliaries

Total visits . . . . .	2,754
Fillings	
(a) Permanent Teeth . . . . .	2,275
(b) Deciduous Teeth . . . . .	<u>1,335</u>
Deciduous Teeth Extracted . . . . .	38
Prophylaxis . . . . .	198



## APPENDIX B

### Report on the Catering and School Meals Service and Milk in Schools

Mr. D. T. Powell has given the following report:-

The Education Committee's Working Party investigating matters affecting the School Meals Service and other County Council establishments where a catering service is provided continued its activities during 1970. Among the items approved are the investigation into the nutritional content of the food eaten in schools and the research into the possibility of the planning of menus and ordering of food by computer. Experiments which include the use of prepared vegetables and other convenience, including frozen food were extended during the year.

A complete training and career structure has now been set up in the Service which provides for the recruitment and training of young people at supervisory and management level.

During the year a large number of new kitchens were provided at new and existing schools. A number of existing kitchens were also improved considerably.

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

Date	No. of Day Pupils Present	No. having Dinner	Per cent of Pupils having Dinner	No. having Milk	Per cent of Pupils having Milk
Autumn 1965	154,360	100,382	65.0	122,847	79.5
Autumn 1966	158,283	107,608	68.0	124,981	79.0
Autumn 1967	165,067	117,426	71.1	129,582	78.7
Autumn 1968	171,448	120,627	70.3	96,473*	91.2
Autumn 1969	180,138	124,085	68.9	101,877	91.6
Autumn 1970	188,890	124,702	66.0	105,616	92.1

\*From Autumn 1968, free milk was provided only for children in primary and special schools. The percentages therefore are calculated on the numbers present in those schools.

**APPENDIX C**  
**Child Guidance Tables 1970**

**Table 1 - Cases referred, treated and awaiting treatment**

	Colchester	Chelmsford	Basildon	Grays	Harlow	Lough-ton	All Clinics
New cases referred or re-opened during 1970	305	308	613	220	228	111	1,785
Cases seen at the clinic for the first time following referral or re-opening:							
(i) Seen once for diagnostic interview only	71	23	28	63	20	2	207
(ii) Diagnosed and referred for further treatment	92	191	497	47	71	56	954
(iii) Others (e.g. those seen only by members of the team other than the Psychiatrist)	71	118	16	19	89	50	363
Old cases who attended the Clinic	73	350	240	138	137	114	1,052
Total cases treated	307	682	781	267	317	222	2,576
Cases at the end of the year:							
Awaiting first appointment	24	82	102	11	50	14	283
Other current cases	316	318	471	304	189	190	1,788

**Table 2 - Cases referred, by age, sex and Division**

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	8	7	107	49	171
Mid-Essex	15	5	169	95	284
South-East Essex	25	18	108	58	209
West Essex	4	3	91	61	162*
Harlow	30	15	66	30	141
Thurrock	7	6	107	62	182
Basildon	30	18	167	85	300
Colchester	8	2	67	34	111
Admin. County	127	74	882	474	1,560

\*Includes 3 Families



## APPENDIX D

### Child Guidance and School Psychological Service

This year the number of new cases seen by the Psychologists was 3,637. This reflects the greater emphasis which the School Psychological Service lays on a preventative rather than a therapeutic service.

#### ACCOMMODATION AND ESTABLISHMENT OF STAFF

The Loughton Child Guidance Clinic has moved to new premises at what was originally a part of St. Nicholas Infants' School at Whitehills Road. The accommodation is spacious and pleasant but at the moment it is easy to hear conversation in neighbouring rooms and clearly this affects the preparedness of parents to discuss highly confidential matters. There is therefore an urgent need to provide adequate sound insulation within this clinic.

In Saffron Walden the School Psychological Service has the use of a room and some secretarial help at Faircroft, a house used by several other Essex services. This has enabled the School Psychological Service to establish a base in this area. New premises are being taken over in 1971. As well as improving conditions for the Psychologist based there, these premises should allow an opportunity for some psychiatric sessions as a basis for a Child Guidance Clinic. At present the nearest Clinics are at Harlow and Cambridge.

#### STAFF CHANGES

##### Loughton Area

In September 1970 Mrs. C. Knapp was appointed as Psychologist for the Loughton area to replace Miss R. Piper, who had moved to Basildon to become Senior Psychologist there. Mr. M. S. Woods was appointed Senior Psychologist for Harlow and West Essex earlier in the year.

##### Grays Thurrock Area

Mrs. A. M. Beattie became full-time Senior Psychologist and Mrs. E. Marcer joined the staff as full-time Educational Psychologist until December 1970. Miss T. Randall was appointed as a Psychologist working part-time in Thurrock, part-time in Basildon in September 1970 and, following Mrs. Marcer's departure, is now working full-time in Thurrock.

In June 1970 Mr. P. Le Tendre commenced as full-time Psychotherapist for the Child Guidance Service, serving both the Clinic and School Psychological Services.

##### Basildon and South-East Essex

In Basildon and South-East Essex, seven Education Psychologists were employed during the course of the year. For the first part of the year Mr. Macpherson and Mr. Toomey were employed in the South-East Essex Division, and Mr. Cornwall and Mrs. Coomaswamy in the Basildon Division, all on a full-time basis. In May Mr. Cornwall left to take up a post in the Department of



Education in the University of Swansea, and in July was replaced by Miss Piper (working part-time in Basildon and part-time in Loughton until September, when a Psychologist was appointed to Loughton). Mr. Toomey and Mrs. Coomaraswamy both left the service in August and were replaced by Mr. Cooper in South-East Essex and Mr. Flann in Basildon in September. Both Mr. Cooper and Mr. Flann had previously worked in Basildon and South-East Essex.

## GENERAL

Throughout Essex there has in general been a move towards giving children psychological help within their own school. The tutorial classes established in Basildon over a period of some years are now being set up in other parts of the county also.

The Educational Psychologists have throughout the year maintained a continuing relationship with the special schools in the area. The residential special schools are visited by an Educational Psychologist not less frequently than one per fortnight. While exceptionally more frequent visits have been possible, the need to maintain links with the main field of education must also be kept in mind, and the Psychologists' time allocated accordingly.

The Educational Psychologists are, as a group, trying to involve themselves to an increasing extent with the problems of children in general, without seeking to shed the responsibilities to help individual children with particular needs. Examples of this new role are the establishment of a reading workshop course in Thurrock, lectures and seminars on counselling in Harlow, and discussion groups on slow learners elsewhere. There is in addition a great deal of important involvement between teachers and Psychologists on a less formal basis. For example, the Senior Psychologist in Basildon is involved to a considerable extent in lecturing to those concerned with children of below school age, and also lectures on child development to teachers; and she complements these activities by demonstrating to teachers how to make the special equipment required to meet the needs of the slow learning children who comprise their day-to-day-teaching responsibility.

Approximately one child is tested and interviewed for every Psychologist's working day. Testing and talking to each child occupies considerably more than one hour. In addition the clerical work of scoring the tests and writing reports may take at least as long as the tests themselves. Meeting parents, discussing the child with his teachers, and in some cases extensive follow-up interviews add still further to the amount of time required. Indeed, it is estimated that an average of four to five hours of the Psychologist's time is spent on each child seen.

The Psychologists have given talks and lectures to a wide variety of audiences, including teachers' training college students, play group leaders, parent/teacher associations, careers officers and sixth formers.

A survey of reading attainment in Harlow secondary schools has been undertaken, the data being processed by computer. An analysis of the Family Guidance Unit summer holiday reading scheme was also made, which investigated the effect of remedial help being given during the summer holidays to children of culturally deprived backgrounds.



## APPENDIX 'E'

### Report by the Advisory Teacher of the Deaf 1970

In February a second purpose-built classroom was added to the Edward Francis Junior Partially Hearing Unit at Rayleigh and in September a new unit at the Mildmay Junior School, Chelmsford was opened. Also in September the two class Burnt Mill Comprehensive Partially Hearing Unit, Harlow commenced. We were fortunate to recruit qualified teachers of the deaf for all these new classes.

Of 79 children at present attending county units 40 are infants, 30 are junior and 9 are of secondary age.

The overall number of children supervised by the peripatetic teachers has changed little over the last three years.

	1970	1969
Pre-school	31	36
Primary	85	67
Secondary	96	106
	<u>212</u>	<u>209</u>

During 1970 it was possible to recruit a fourth teacher for the peripatetic team who will commence duties in January 1971. This will ease considerably the individual loads of the existing teachers and permit an extension of their advisory and consultative function. The opening of a fifth Audiology Clinic at Tilbury has increased slightly the proportion of their time allocated to clinical duties.

In October the Special Services Committee approved in principle the establishment of units for partially hearing children in the Colchester and Basildon areas together with a secondary unit to complete the Rayleigh system. Therefore, despite the current satisfactory staffing situation, it is evident that there will be an increasing need for qualified teachers of the deaf over the next few years.

**APPENDIX 'F'**  
**Children on the Handicapped Pupils Register**

	Newly assessed as handicapped in 1970		Receiving special educational treatment						Requiring but not receiving special educational treatment		On register but not requiring special educational treatment	
			At Day Special School	At Residential Special School	At Ordinary School	Elsewhere	Total All Ages	Total under 5 years	All Ages	Under 5 years	All Ages	Under 5 years
Blind	6	2	1	15	1	2	19	2	4	-	-	
Partially sighted	4	2	21	23	1	1	46	2	7	16	2	
Deaf	4	2	26	30	-	-	56	3	3	2	-	
Partially hearing	17	10	75	52	20	1	148	14	9	48	1	
Physically handicapped	61	19	77	82	24	33	216	7	36	203	24	
Delicate	55	14	68	95	11	15	189	13	19	181	1	
Maladjusted	103	7	17	301	2	10	330	5	85	40	-	
E.S.N.	337	22	1,066	237	29	34	1,366	11	285	117	6	
Epileptic	4	1	2	14	-	4	20	1	3	34	1	
Speech Defects	18	17	.1	3	-	10	14	6	6	10	-	
<b>Total</b>	<b>609</b>	<b>96</b>	<b>1,354</b>	<b>852</b>	<b>88</b>	<b>110</b>	<b>2,404</b>	<b>64</b>	<b>457</b>	<b>651</b>	<b>35</b>	



APPENDIX 'G'  
Notification of Infectious and other Notifiable Diseases in  
Children between the ages of 5 and 15, 1970

Division (1)	Scarlet Fever (2)	Whoop- ing Cough (3)	Measles (4)	Dysent- ery (5)	Food Poison- ing (6)	Infec- tive Jaun- dice (7)	Tuberculosis		Others † (10)	Total (11)
							Respi- ratory (8)	Other (9)		
N.E. Essex	10	10	407	-	-	8	-	-	-	435
Mid-Essex	38	59	982	2	2	1	-	-	-	1,084
S.E. Essex	49	12	484	4	14	4	2	-	1	570
West Essex	40	8	325	4	4	4	-	-	-	385
Harlow	50	11	36	-	1	6	2	1	-	107
Thurrock	18	11	424	-	16	50	1	1	-	521
Basildon	55	25	192	10	-	23	-	1	2	308
Colchester	23	8	248	5	1	35	-	-	-	320
Total	283	144	3,098	25	38	131	5	3	3	3,730

† Others = 2 Acute Meningitis (Meningococcal) and 1 Acute Encephalitis  
(post infectious).

## APPENDIX 'H'

### **This Report by the Senior Advisor for Physical Education has been submitted by the Chief Education Officer**

The staff of advisors for Physical Education in the County is as reported last year except that Mr. R. Wilkinson was appointed to the Education Department after serving in the Youth Department. Mr. Wilkinson is the Advisor for outside activities for the whole County. The schools are showing a greatly increased interest in this facet of physical education and the outside activity centres and field studies are truly well organised and in great demand. These centres are **Bradwell** - Sailing and Field Studies; **Nazeing** - Canoeing and Sailing; **Maes-y-Lade (North Wales)** - Canoeing, Pony Trekking, Mountain walking and skiing making slope; **Harlow** - Canoeing.

During the year the magnificent new buildings at Bradwell were opened. These have residential facilities as well as laboratories for field studies.

At the Crystal Palace National Sports Centre, residential courses for teachers were again arranged. Seventy six secondary school teachers, specialists and others, attended and took part in one of the following - Rugby, Soccer and Cricket; Basketball and Volley Ball; Skiing and Canoeing; and Badminton. For the first time similar courses were held, also at Crystal Palace, for primary school teachers. Sixty five teachers attended and took part in one of the following:-

Educational Gymnastics  
Educational Dance  
Junior Games  
Athletics and Swimming

The visit of Mr. Dai Rees, C.B.E. to Great Baddow Comprehensive School to teach teachers how to teach Golf to groups is now an annual feature of the physical education programme. His great gift as a teacher - his playing ability speaks for itself - made this a very popular course indeed.

Courses were held in other facets of physical education in the various Divisions as is usual, and all were well attended and appreciated.

There are now fifteen sports halls in schools actually in use, and a further twenty three in various planning stages. By 1972 there should be almost forty such halls in our schools. These are also hired out for use in the evening by outside clubs e.g. Badminton, Basketball, five-a-side football etc. In the final stage of planning and building is the larger sports hall at Shenfield School. This has been built jointly by the Education Committee and Brentwood Urban District Council. The financial provision and the use will be equally shared by the two Councils. Five other such joint use Sports halls, are in the planning stage. These halls ensure the teaching and practice and playing of games under ideal conditions all the year round, and congratulations are due to the Education Committee for their far-sighted provision, and the Architect's Department for their outside design. The internal marking out, type of apparatus, and general design for use is the work of the advisory staff.



The VIth open trampoline championships for schools were staged in Southend-on-Sea. Entries came from places as far apart as Somerset, Birmingham, Staffordshire and Hertfordshire. In the events for Boys under 13 years, Essex were 1st and 2nd. Girls under 13 years, Essex 3rd. Boys under 15 years, Essex 2nd and 3rd. Girls under 15 years, Essex 1st and 3rd, and were first in the under 19 girls. This was a great result for Essex.

Over 200 schools competed in the South and East table tennis championships culminating in the final at Great Baddow Comprehensive School. This game as an out-of-school activity has great popularity, and, probably due to the closed championships (over several years), this year over 400 teams competed. Essex provided members of the English schools, and full England teams.

The 39th Annual Essex County Schools Athletic Championships were held in Chelmsford at the Melbourne Park Stadium. The standard of performance was, as always, very high, several participants winning their national events later in the year. Mid-Essex Division won 10 trophies, Newham, Southend, Havering and Harlow won one each. This was an incredible performance by the Mid-Essex schools.

Essex Schools Sailing Association were guests of the Colne Yacht Club for their Annual Schools Regatta at Brightlingsea. The result of the teaching and practice in the schools sailing centres was shown by the record 115 entries. At one period there were 75 yachts on the water competing together. This was truly a landmark in the life of the Association yet it is thought even this record may be beaten next year. The boys and girls taking part were so "skilful and well behaved" that the Colne Yacht Club extended an invitation to "hold the Regatta at Brightlingsea any time."

The magnificent performances of Essex Boys and Girls at Badminton are now too numerous to mention, but the highlight of this season was the winning of the Boys' and Girls' Singles; the Girls' Doubles; and being runners up in the Boys' Doubles at the English Schools Individuals Championships. Two boys and two girls were selected to play for England, and the Essex County team was selected to play against Denmark. The Coaching Director of the English Badminton Association said publicly that "the work of the Essex Schools Badminton Association should be copied all over England as it is the best conducted Schools' Association in the Country." This was praise indeed.

At the English Schools Swimming Association's 21st annual gala held at Plymouth over 700 swimmers from every County took part. Essex swimmers took four firsts, including two records in the Junior Girls Section, in the Butterfly, and by a Free Style Team. Again it is pleasant to report that the good behaviour, as well as the swimming, was favourably commented upon.

The Eastern Counties Schools Rugby XV comprised mainly from Essex Schools defeated Kent, Surrey and Middlesex in their annual matches. It is comparatively rare to win all three so decisively.

For all these successes congratulations are due to the specialist (and others) teachers of physical education in our schools. These performances are the result of their skill and enthusiasm. It is an accepted fact that teachers of physical education give a very great deal of their spare time to training their pupils. Long may they continue so to do.



## APPENDIX I TREATMENT 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.
Health Services Clinic, Blackthorn Avenue, Greenstead . . . . .	2nd and 4th Monday a.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 . . . . .	Alternate 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 and 3rd Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood . . . . .	2nd, 4th and 5th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moulsham Estate, Chelmsford . . . . .	4th Thursday p.m.

### SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering . . . . .	Thursdays p.m.
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Health Services Clinic, Rocheway, Rochford . . . . .	1st Wednesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh . . . . .	Tuesdays a.m.
Health Services Clinic, Kenneth Road, Thundersley . . . . .	2nd and 4th Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island . . . . .	1st, 3rd and 5th Mondays a.m.
Health Services Clinic, High Road, South Benfleet . . . . .	1st and 3rd Fridays a.m.
Health Services Clinic, London Road, Hadleigh . . . . .	4th Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley . . . . .	Alternate Wednesdays a.m.
Health Services Clinic, Ferry Road, Hullbridge . . . . .	2nd Mondays 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 . . . . .	Wednesday a.m.
Health Services Clinic, London Road, Tilbury . . . . .	Fridays a.m.
Health Services Clinic, Wharf Road, Stanford-le-Hope . . . . .	1st, 3rd, 4th & 5th Thursdays a.m.
Health Services Clinic, 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, Giffords Cross Road, Corringham . . . . .	4th Wednesday 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.
Health Services Clinic, 69 High Street, Saffron Walden . . . . .	As Required
Quaker Meeting House, Stansted . . . . .	2nd Thursday p.m.
Health Services Clinic, The Cedars, Waltham Abbey . . . . .	2nd and 4th Mondays a.m.
Health Services Clinic, Bowes Field, Ongar . . . . .	1st and 3rd Tuesdays a.m.
Health Services Clinic, Buckhurst Way, Buckhurst Hill . . . . .	1st and 3rd Wednesdays a.m.

#### HARLOW DIVISION

Addison House, Fourth Avenue, Harlow . . . . .	Alternate Tuesdays a.m.
Keats House, Bush Fair, Harlow . . . . .	Alternate Wednesdays a.m.

#### BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay . . . . .	Thursdays a.m.
Health Services Clinic, Craylands, 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, Market Road, Wickford . . . . .	Mondays a.m.

## SPECIALIST CLINICS - 1970

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division:		
Ophthalmic . . . . .	12	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 . . . . .	30	Mr. Das-Gupta Dr. D. J. S. Nicol Dr. J. J. Reilly Dr. H. S. Sweet
Audiology . . . . .	2	Mr. A. N. Cammock
South-East Essex Division:		
Ophthalmic . . . . .	6	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. M. N. Laybourne
Orthopaedic . . . . .	1	Mr. K. Dalliwall
In addition there are 2 Physiotherapy and 2 Orthoptic sessions a week		
Harlow Division:		
Orthopaedic . . . . .	2	Mr. H. Poirie
Basildon Division:		
Ophthalmic . . . . .	11	Dr. D. J. S. Nicol Dr. B. G. Dias Dr. W. H. Clark



## CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.70	No. Weekly Sessions
Galen House, Town Centre, Harlow	(Harlow (20,196 ( (West Essex (12,585	Psychiatrists (Part-time - 6 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 2) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 4)	1 3 2 1 (whole-time) 4	6 - - - -
St. Nicholas School Loughton	12,345	Psychiatrists (Part-time - 4 sessions weekly) Psychologists (Whole-time - 1), Social Workers (Whole-time - 1) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 2)	1 1 1 1 2	4 - - - -
Winsley's House, High Street, Colchester	37,307	Psychiatrists (Part-time - 8 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 3) Psychotherapist (Whole-time 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 4)	2 3 2 1 1 4	8 - - - - -
Rannoch Lodge, 146 Broomfield Road Chelmsford.	47,862	Psychiatrists (Part-time - 9 sessions weekly) Psychologists (Whole-time - 4) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 4)	2 3 3 (part-time) 1 3 (part-time) 5 (part-time)	9 - - - - -

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.70.	No. Weekly Sessions
Great Oaks, Basildon	51,768	Psychiatrists (Part-time - 11 sessions weekly) Psychologists (Whole-time - 5)  Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 4) Clerks (Whole-time - 4)	2 4 (whole-time) 1 (part-time) 2 - 4 4	11 - - - - - -
Whitehall Cottage, Whitehall Lane, Grays	21,941	Psychiatrists (Part-time - 6 sessions weekly) Psychologists (Whole-time - 2) Social Worker (Whole-time - 1) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 2) Peripatetic Remedial Teacher (Whole-time - 1)	2 2 1 (part-time) - 2 2 (part-time)	6 - - - - -



