

CHILD GUIDANCE CLINICS

The following is the list of the addresses of the Child Guidance Clinics in Glasgow, maintained by the Education Committee. Advice and treatment are free. Parents desiring assistance should apply personally, or in writing, to the clinic nearest their own home.

Main Clinics

194 Renfrew Street,
Glasgow, C.2.

53 Greenhead Street,
Glasgow, S.E.

102 Copland Road,
Glasgow, S.W.1.

13 Lethington Avenue,
Glasgow, S.1.

Subsidiary Clinics

Cloberhill School,
Great Western Boulevard,
Glasgow, W.3.

St. Cuthbert's School,
Hobart Street,
Glasgow, N.

Petershill School,
Petershill Road,
Glasgow, N.

Shettleston School,
Old Shettleston Road,
Glasgow, E.2.

Haghill School,
Marwick Street,
Glasgow, E.1.

Craigton School,
Morven Street,
Glasgow, S.W.2.

Pollok Clinic,
199 Shawbridge Street,
Glasgow, S.3 (to be re-opened shortly).

Residential Clinic

Nerston Residential Clinic and School,
Near East Kilbride.

TDV İSAM
Kütüphanesi Arşivi
No 059-132/1

THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

CHILD GUIDANCE SERVICE



TDV İSAM
Kütüphanesi Arşivi
No 059-132/1

Glasgow Corporation Printing and Stationery Department

THE PURPOSES AND WORK OF CHILD GUIDANCE CLINICS

TO DEAL WITH PROBLEM CHILDREN

A **problem** child is one who, though normal, is failing to adjust to life. (This excludes mentally handicapped and physically handicapped children who are educated in special schools.)

A **normal** child is one not handicapped by severe mental or physical disability.

Failing to adjust to life may take one or more of the following forms :—

A. FAILURE TO LEARN

1. Failure to learn by ordinary methods of teaching.
2. Failure to learn one particular subject.
3. Sudden collapse in school progress.

B. FAILURE TO BEHAVE

1. **Undesirable behaviour**, *e.g.*, constant naughtiness, temper tantrums, aggressiveness, marked restlessness, lying, wandering, dourness, indifference, masturbation.
2. **Delinquency**, *e.g.*, theft, destructiveness, truancy, fire-raising, viciousness, sex offences.

C. FAILURE TO BE HAPPY

1. **Temperamental difficulties**, *e.g.*, nervousness, crying fits, strong fears, excessive shyness, night terrors.
2. **Neurotic illness**, *e.g.*, periodic sickness, fainting turns, asthma, enuresis, speech disorders, spasms and tics.

COMPLETE EXAMINATION OF A CHILD INVOLVES

1. Teacher's Report.
2. Parents' Report.
3. Measurement of Intelligence. I.Q. (Intelligence Quotient), or Relationship between Mental Age and Chronological Age.
4. Measurement of scholastic achievements, *e.g.*, Reading Age, Spelling Age, Arithmetic Age. These should correspond with Mental Age.
5. Medical Examination.
6. Emotional Investigation.
7. Interview with child (parents not present).
8. Home visit.

TREATMENT

Treatment may be educational, psychological or medical, and is often a combination of two or of all three.

REFERENCE

Children may be referred by anyone but are usually referred by teachers, medical clinics, private doctors, nurses, parents, ministers, hospitals, court or probation officers.

AGE RANGE

The age range is from 2 years to 18 years.

DEPARTMENT of CHILD DEVELOPMENT

Advanced Course

The course is open to qualified teachers who have taken a course of training for nursery-school work or the teaching of infants or children below the age of eleven years and have subsequently had not less than five years' approved teaching experience.

The course extends over one University session, October to June, and is designed to give an advanced knowledge of the scientific foundations of modern practice in the education and nurture of young children, and of current research in this field. It has, in relation to teachers of young children, a function similar to that of a higher degree course for graduate teachers.

The programme of lectures and seminars occupies approximately nine hours each week, so that the main part of the student's time is devoted to individual study, tutorial work, and to visits to schools and clinics. Each student will also undertake one special educational investigation or research. The facilities of the Institute and of other Departments in the University will be available to students who are qualified to undertake research into the many problems of psychology, hygiene, and education of children which await investigation by scientific methods. A nursery school in Chelsea offers special facilities for investigations and other schools and social centres are prepared to co-operate with the Department for such purposes.

The University does not offer any diploma for students taking the course, nor is there any examination in connection with it. Students who have satisfactorily completed the course and presented an acceptable individual study or research will, however, receive a certificate to that effect signed by the Head of the Department.

Students taking the course as full-time students will be eligible for recognition by the Ministry of Education for the purpose of grants. In granting recognition the Ministry will have regard not only to the qualifications and attainments of the applicant but also to the degree of difficulty that is likely to arise in filling any post which the applicant may propose to vacate in order to attend the course. Candidates for admission to the course as recognised students shall comply with the provisions of Article 17 (1) of the Training of Teachers Regulations No. 7 (1950). They must be British subjects normally resident in England or Wales, unless an exception to this rule is approved.

Details of grant regulations are published early each year in an Administrative Memorandum of the Ministry of Education. In recent years a grant has been available, up to a maximum of £300, subject to a 'student's contribution' based on an assessment of the teacher's own

income. This grant is payable towards the cost of tuition and maintenance. In appropriate cases allowances in respect of dependents will be granted. Students accepting this grant have been required to sign a declaration of their intention to complete the course of training and thereafter to follow the profession of teacher in a grant-aided school or other institution approved for the purpose by the Minister.

The tuition fee for the course is £62 10s., which covers any fees payable in respect of any classes in other colleges of the University which a student may attend on the advice of the Head of the Department.

Under Section 2 of the Teachers (Superannuation) Act, 1937, a teacher may, with the consent of the Minister of Education, have a period of not more than one year's absence from contributory service treated as if it were contributory service on payment of contributions at the rate of 10 per cent of the salary received for contributory service immediately before the absence begins. A teacher who wishes to obtain the Minister's consent under this provision, in order to take this course of training, should apply at the beginning of the period of absence.

In certain circumstances (see Article 4 (b) of the Report of the Burnham Committee on Scales of Salaries for Teachers in Primary and Secondary Schools—H.M. Stationery Office, 1948, 1s. net), the successful completion of this course may entitle a teacher to an increment in salary.

Forms of application for admission may be obtained from the Secretary, University of London Institute of Education, Malet Street, London, W.C.1. The Institute will endeavour to inform successful applicants in time to give any notice necessary in respect of their present posts as early as possible in the Summer Term.

Candidates whose training and experience lie in the fields of medicine, nursing or social services, or those whose interests are primarily with children above the age of eleven, but whose wish is to gain insight into the problems of younger children, are entitled to apply for admission to the course, or to parts of the course, as private students.

Candidates who do not satisfy the requirements set out in this leaflet but who, nevertheless, wish to take the course, are requested to communicate with the Head of the Department.

STAFF

Miss D. E. M. GARDNER, M.A.

University Reader in Child Development and Head of the Department

Lecturers

Mrs. E. M. LANGDON

Mrs. E. BALINT, PH.D., B.SC.

Miss J. E. CASS

Miss M. WADDINGTON, M.A.

and other members of the Institute staff with the assistance of:

C. C. N. VASS, M.SC., PH.D., M.B., CH.B.

Reader in Physiology, St. Thomas's Hospital Medical School

Mrs. FLORA SHEPHERD, PH.D. (LOND.), M.B., CH.B. (EDIN.).

Consulting Pædiatrician, City of London Maternity Hospital, Brompton Hall

D. W. WINNICOTT, M.A., F.R.C.P.

Physician, and Physician in charge of Psychological Department, Paddington Green Children's Hospital, Physician in Charge of Child Department, Institute of Psycho-Analysis.

OUTLINE OF THE COURSE

The programme of lectures and classes includes four main sections:

- (1) A general systematic survey of the facts of mental growth and of social and emotional development from birth to the age of eleven years.
- (2) A survey of the factors influencing physical growth and bodily health. Environmental hygiene.
- (3) The practical bearings of the general facts of growth and development upon the education of children in schools, with special reference to expression in language and in other creative activity.
- (4) A study of the relations between children and their parents and the influence of the family and social setting upon their development. Methods of study of difficult children and remedial teaching for retarded children. For part of this course the students will attend the Tavistock Clinic and other clinics.

The lectures will be supplemented by organised visits to selected clinics, nursery, infant and junior schools, and other institutions for child welfare. Special seminars will be conducted in connection with these visits.

The programme of seminars will include:

- (1) Special methods of psychological and educational research suitable for investigations with infants and young children. The interpretation of statistics.
- (2) Certain problems of general psychology relevant to the study of mental development.
- (3) Problems of mental hygiene during childhood.
- (4) Problems of teaching psychology to students and other aspects of training college work.
- (5) The care of children in groups.
- (6) The testing of intelligence and attainments.

Director of the Institute of Education:

G. B. JEFFERY, M.A., D.SC., F.R.S.

1952.

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Kütüphanesi Arşivi

No 059-132/2

GLASGOW
CORPORATION
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DEPARTMENT
197 Pollokshaws Road
GLASGOW S 1

THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

REPORT
ON
CHILD GUIDANCE
SERVICE



Session 1951-52

TDVİSAM
Kütüphanesi Arşivi
No 059-132/3

W9875

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Kütüphanesi Arşivi
No 059-132/3

THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

REPORT
ON
CHILD GUIDANCE
SERVICE



Session 1951-52

W9875

CENTRAL OFFICE :
194 RENFREW STREET,
GLASGOW, C.2.
Telephone—Douglas 1437-8

THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

Director of Education

H. STEWART MACKINTOSH, M.A., B.Sc., Ed.B., Ph.D.

Principal Medical Officer, Education Health Service

JAMES EWAN, M.B., Ch.B., D.P.H., D.P.A.

Child Guidance Service

Clinical Psychologist CATHERINE M. MCCALLUM, M.A.,
B.Sc., Ed.B.

Psychiatrist WILLIAM TELFER, M.D., D.P.M.

Senior Assistant Psychologists

Renfrew Street Clinic JAMES MACKENZIE, M.A., Ed.B.

Greenhead Clinic AGNES M. SHAW, M.A., Ed.B.

Govan Clinic ANN D. PATERSON, B.A. (Hons.)

Crossmyloof Clinic JESSIE W. HERD, M.A., Ed.B.

Nerston Residential Clinic and
School JANET W. HASSAN, M.A., Ed.B.

CHILD GUIDANCE CLINICS.

Main Clinics.

194 Renfrew Street,
Glasgow, C.2.

53 Greenhead Street,
Glasgow, S.E.

102 Copland Road,
Glasgow, S.W.1.

13 Lethington Avenue,
Glasgow, S.1.

Telephone No.
Douglas 1437-8.

Bridgeton 2320.

Govan 1628.

Langside 0638.

Subsidiary Clinics.

Cloberhill School,
Great Western Boulevard,
Glasgow, W.3.

St. Cuthbert's School,
Hobart Street,
Glasgow, N.

Petershill School,
Petershill Road,
Glasgow, N.

Shettleston School,
Old Shettleston Road,
Glasgow, E.2.

Haghill School,
Marwick Street,
Glasgow, E.1.

Craigton School,
Morven Street,
Glasgow, S.W.2.

Pollok Clinic,
199 Shawbridge Street,
Glasgow, S.3.

Scotstoun 1473.

Possil 8489.

Springburn 5608.

Shettleston 2833.

Parkhead 5006.

Halfway 4642.

Residential.

Nerston Clinic and School,
Near East Kilbride.

East Kilbride 212.

OCCUPATIONAL THERAPY



Animals for a Zoo—work in clay

PLAY THERAPY



Aggressive Play—Boys and Girls

THE CORPORATION OF GLASGOW
Education Department

CHILD GUIDANCE Service
Session 1951-52

There have been no major changes or expansions in the Child Guidance Service during the session, but rather a continuation and consolidation of developments initiated in the past two years. The increase in the over-all number of children in attendance is not significant. The only large increase in numbers has been in the Testing Service because of the greater demand on the part of teachers for individual assessment of pupils' abilities. This tendency had become very marked by the end of last session and arrangements were made to meet it this year by seconding two specially trained teachers from Special Schools Department to assist the psychologist engaged in this work. The figures for this part of the Service have not, however, been included in the clinic returns except in Table VII which gives the I.Q. distribution for all children tested during the year.

The following tables refer only to the work done in the Child Guidance Clinics and are compiled from the returns of the twelve centres. Apart from minor variations which will be dealt with under their relevant tables the figures remain surprisingly consistent over a period of five years. For the third year in succession 35 per cent. of the cases were girls.

TABLE I

CLINICS	NO. OF CASES			Discharged	Current	Waiting
	Boys	Girls	Total			
RENFREW STREET	661	368	1,029	797	232	51
GREENHEAD ...	379	188	567	449	118	41
GOVAN	305	179	484	353	131	39
CROSSMYLOOF ...	265	133	398	309	89	21
SUBSIDIARIES ...	583	348	931	724	207	122
TOTALS	2,193	1,216	3,409	2,632	777	274

The two oldest clinics, Renfrew Street and Greenhead, still carry the heaviest load of cases in spite of the movement of population from congested districts of the city to re-housing areas. This continued pressure on these two centres is not attributable to any single factor as can be seen from an examination of Table VIII giving sources of referral. They have admittedly the largest number of schools allocated to them, Renfrew Street (86), Greenhead (62), but they have the smallest percentage of referrals from schools. Renfrew Street being the most central and easily accessible undertakes almost all the work for County Authorities and Approved Schools but this accounts for only a very small percentage of the case load. It would appear to be simply that the two districts of the city which fifteen years ago seemed most urgently to require child guidance clinics are still the areas of greatest need.

The problem of accommodation is now becoming serious in Renfrew Street for not only is it the busiest clinic with the largest staff and case load but the Central Office of administration and the accumulating records of the whole system are housed within the building. Also during this past session it has been necessary to centralise the extended services to handicapped children in Renfrew Street Clinic again because of its position and excellent transport facilities. Suitable premises will, however, be difficult to procure and extension of the present building is a doubtful alternative.

Subsidiary Clinics.

TABLE II.

SUBSIDIARY CLINICS	NO. OF CASES			Discharged	Current	Waiting
	Boys	Girls	Total			
ST. CUTHBERT'S ...	75	49	124	96	28	16
PETERSHILL ...	79	41	120	83	37	19
CLOBERHILL ...	79	63	142	105	37	25
SHETTLESTON ...	74	55	129	103	26	12
HAGHILL	110	44	154	127	27	30
CRAIGTON	80	55	135	108	27	6
POLLOK	86	41	127	102	25	14
TOTALS	583	348	931	724	207	122

In last year's Report it was mentioned that Pollok Subsidiary Clinic would require to relinquish the rooms it occupied in a School Medical Clinic and that arrangements were being made to remove to more commodious premises. Great difficulty was experienced in procuring new premises and it is only now that the necessary alterations are in progress. During this session Pollok Clinic has been carried on in one room of Crossmyloof Clinic but the arrangement has been

unsatisfactory from every point of view. Parents were remarkably faithful in their attendance with younger children and the schools, in spite of many difficulties, co-operated well but in a number of cases attempts at treatment had to be abandoned altogether because of the insuperable difficulties of distance and transport. Pollok new clinic, which has five rooms and offices, will be opened early next session and will be intermediate between a main clinic and a subsidiary. The other subsidiary clinics have had a very successful year and benefited greatly from the increased number of psychiatric sessions and the regular and more frequent visits of the speech therapists. Two minor aspects of the psychological services made available to the schools by the subsidiary clinics are worthy of mention although they could not be recorded in the ordinary way. A school in a re-housing area asked for help with one particular class where reading ability was so low as to jeopardise success in other subjects of the curriculum. About 90 per cent. of this class were newcomers to the district and from many different schools. The psychologist from the local subsidiary gave a diagnostic reading test to each child, detailed the difficulties and methods of remedying them to the teacher and returned at monthly intervals to measure the reading achievement of each pupil. The attention stimulated interest and competition among the children and with the able help of the teacher reading level rose years in a matter of months. In a different district two schools applied for help to their local clinic when they received a heavy influx of pupils from an orphanage which until then had conducted its own school on the premises. More than 100 children were transferred within a period of weeks and as the range of intelligence and age was wide there was difficulty in placing the pupils. Some were children who had never before attended ordinary school or known life outside their refuge; others were children recently admitted and in some cases no records of their previous educational history were available. These children were all examined and graded. The schools were given full information and advice, two children were enrolled for clinic attendance and several were reported to Special Schools Department for transfer to schools for the handicapped; one was sent to an occupational centre.

TABLES III, IV AND V.

TABLE III

CLINIC	Attendances	Psychological Investigations	Psychological and Educational Treatments	Psychiatric Examinations	Occupational Therapy	Play Therapy	Speech Treatments	Parents' Visits	Home Visits	School Visits
RENFREW STREET ...	5,193	1,257	2,180	389	575	520	2,134	2,902	192	1,037
GREENHEAD ...	3,767	623	1,540	189	*	656	1,246	1,703	99	601
GOVAN...	3,402	636	1,711	188	259	140	1,325	1,492	134	919
CROSSMYLOOF ...	3,043	525	1,804	130	*	355	1,060	1,336	184	702
SUBSIDIARIES ...	7,364	1,613	4,409	460	†103	416	1,394	2,597	257	2,165
TOTALS ...	22,769	4,654	11,644	1,356	937	2,087	7,159	10,030	866	5,424

* Not Recorded.

† Only Some Recorded.

TABLE IV

CLINIC	EMOTIONAL DISORDERS										BEHAVIOUR DISTURBANCES					DELINQUENCY			
	General Instability	Anxiety and Obsessional States	Night terrors, Nightmares, Sleep-walking	Enuresis and Soiling	Emotional Retardation and Regression	Psychopathic Personality	Unmanageable Behaviour	Aggression and Temper Tantrums	Sadistic Tendencies	Exhibitionism	Tvancy and Wandring	Theft	Lying	Mischievous	Sexual Offences				
RENFREW STREET	57	47	5	88	90	19	25	79	1	17	44	60	21	5	4				
GREENHEAD ...	29	33	11	74	92	2	35	33	1	5	19	27	16	—	1				
GOVAN ...	41	31	12	50	60	5	14	36	—	11	29	42	40	3	6				
CROSSMYLOOF ...	26	33	5	28	56	3	12	22	1	12	14	16	18	4	—				
SUBSIDIARIES ...	51	97	32	145	202	18	83	73	4	66	51	73	51	19	11				
TOTALS ...	204	241	65	385	500	47	169	243	7	111	157	218	146	31	22				

TABLE V

CLINIC	EDUCATIONAL						MISCELLANEOUS						OTHER FACTORS				
	General Backwardness	Arithmetic	Reading	Spelling	English	Vocational Guidance	Official Reports	Probation	I.Q. and Advice	Mentally Handicapped	Refused Treatment	Unsatisfactory after Treatment	Strong Physical Factors	Strong Home Factors	Hereditary Factors	Training	School—Home Friction
RENFREW STREET	108	46	53	3	—	8	228	72	180	84	18	10	130	60	7	64	3
GREENHEAD ...	88	28	50	2	—	—	12	9	128	73	10	4	59	56	3	33	11
GOVAN ...	52	33	72	11	2	—	26	14	122	51	22	3	20	43	—	47	4
CROSSMYLOOF ...	32	39	49	6	1	—	9	4	91	34	17	4	26	35	3	29	3
SUBSIDIARIES ...	70	79	103	7	4	7	36	23	200	78	36	14	85	143	19	133	16
TOTALS ...	350	225	327	29	7	15	311	122	721	320	103	35	320	337	32	306	37

Table III attempts to analyse the actual work done by the Child Guidance Service and Tables IV and V the types of cases dealt with. There is a certain artificiality in any attempt to reduce work of this kind to figures and a degree of arbitrariness in the original recording of the data which is unavoidable. Nonetheless, the figures are of some value in showing trends or developments, especially when it is remembered that the tables are compiled from the returns of twelve different centres. Comparison with last year's figures makes immediately evident the increase in services which the child guidance clinics are receiving from the Education Health Service. The number of psychiatric interviews is up by nearly 300 and there have been almost 2,000 more treatments for speech defect. There is no apparent explanation for rise in number of parents' attendances at clinics, nor the more frequent visits of psychologists to the schools unless the simple one of acceptance. Certainly attendance of children at clinics has been better and more regular this session and more teachers have made personal calls at clinics, either out of interest or to discuss pupils who are in attendance.

The column for relaxation and remedial exercises has been discontinued because it is no longer possible to obtain the appropriate specialist services. The remedial apparatus is in frequent use by clinicians but is recorded only as part of psychological or speech treatment. A column for occupational therapy has been substituted but only about half the clinics kept records and it is, therefore, incomplete.

Occupational Therapy

Occupational therapy is a term used in hospitals and particularly in mental hospitals for creative activities which produce objects of utility or decoration and has as the idea behind the activity the fundamental value of persuading the patient to "do" something and to persist in that "doing." From the opening of the very first temporary clinic in the Child Guidance Service of Glasgow a variety of materials have been available for this purpose but their use has been left to the inclination of each clinician. In October, 1951, the Notre Dame voluntary Child Guidance Clinic arranged a Child Care Week in the city in support of its Extension Fund Appeal and asked the Corporation Child Guidance Service to take part in an exhibition on Child Care which was an item of the programme. Since the Maternity and Child Welfare Department of the Corporation was eating up the physical care of children and Notre Dame Clinic was

concentrating on psychological tests and play therapy, educational and occupational therapy was considered an appropriate contribution from the Education Department. All clinics were, therefore, asked to put a little more emphasis on this facet of the child guidance work during the month of September and to send any suitable objects produced to the exhibition. The result was a veritable toy fair and it is doubtful if anyone was more surprised than the clinicians themselves. All sorts of ordinary, frequently waste, materials had been utilised; matches, match boxes, nuts, tins, beads, cardboard, newspaper and fancy paper, scrap wood, bobbins, string, wire, pipe cleaners, papier mache (home made), rags, plasticine, clay, scrap lead. Practically the only expense had been on glue, nails and paint. But the most impressive result of the whole effort was its effect on the children who took part. Occupational therapy was evidently a most effective means of treating a variety of personality difficulties. Consequently its use has become wide-spread in this Service and variations in its application have developed. Some clinicians prefer several children working in a group on a particular project and are adding to their playrooms attractive and unusual toys. The speech department has also gained in play apparatus that is well adapted to its purpose but cannot be bought; and the sand-trays are richer in variety than they have ever been. Other members of staff supply materials and ideas for "home work" and although some of the articles brought back to clinic could not have been produced entirely by children, the therapeutic value of the procedure is good. Especially in the case of delinquents it supplies a constructive recreational outlet in place of their habitual destructive one and it makes the child the centre of family interest instead of the centre of trouble. Many indifferent fathers have been persuaded to co-operation by this means of appealing to their own need for self-expression.

Educational Therapy.

It would appear that a successful appeal for the co-operation of parents has been made through occupational therapy in much the same way as an appeal for the co-operation of teachers has normally been made through educational therapy. Teachers frequently feel dissatisfied if a troublesome or backward child returns from attendance at child guidance clinic and announces that he was "playing himself." If, however, he was "doing lessons" and progress is obvious in one

of the basic subjects, an atmosphere of improvement is created and behaviour difficulties receive more generous tolerance. It is also more beneficial to the child to enjoy attention from his "other teacher" than to justify his non-conformity by becoming a "nervous" patient. The Child Guidance Service in Glasgow is not a tutorial service—it must be admitted with regret that that is still lacking—but many children are yearly given intensive remedial teaching in the basic school subjects as part of their psychological treatment for behaviour and personality difficulties. This approach to the problems of childhood is based on the idea that a child's first tasks in life are to acquire the basic tools of our civilisation. His achievement in the mastery of these tools is both a sublimation and an incentive to fuller adjustment and wider enjoyment of what life has to offer, while without them he cannot be a satisfactory and satisfied human being in this modern world. Although, therefore, this staff has in the past session discovered anew the value of constructive activity as an expressive force in normal living they have known for too long the beneficial results of disciplined thinking, even in childhood, to relinquish this necessity of cultured existence in order to pursue more attractive techniques and more immediate satisfactions. Educational therapy will, therefore, continue to be extensively used in this Child Guidance Service.

Play Therapy

Every main clinic has a play-room and every subsidiary clinic is so arranged and equipped that both individual and group play can be given. Every consulting room has a sand-tray, "world" cabinet and facilities for individual play therapy, but no play therapists are employed. Play therapy is used by the clinicians chiefly with young children, always with pre-school children, with negative children and with certain types of anxiety. Observation of play is sometimes used for diagnostic purposes and occasionally to allay suspicion. But play is never used as sole treatment and no child is admitted to a play group until provision can be made to give weekly individual treatment concurrently. Early experience showed that school children treated by play alone tended to adapt too well to clinic, and to seek no further for their emotional satisfactions. They were prepared to

continue in attendance indefinitely. Play is, therefore, used only as a supportive treatment and the child is weaned to effort in the world of ordinary living as soon as resolution of his emotional conflicts make it feasible.

Services to Special Schools.

As predicted in last year's Report services to Special Schools Department have been extended in accordance with the recommendations of the Advisory Council on Education in Scotland. Children in hospital schools have been examined and detailed reports submitted. Intelligence testing of all children in the School for the Partially Deaf has been completed. Comprehensive service is now available for all children in schools for the physically handicapped and all children alleged to be mentally handicapped are given intelligence and achievement tests before examination by the certifying doctor. All children in schools for the mentally handicapped who appeared in the Audiometric Survey to be suffering from a degree of deafness were re-tested while wearing a hearing aid on a verbal scale and also on a performance scale. A list has been made of all spastic children in Glasgow and a psychologist on the staff who is specially qualified to deal with multiple handicap is now engaged in examining each of these children individually. When this task is completed it is hoped to undertake the examination of all children suspected to be suffering from aphasic conditions. As a further extension of service to the handicapped two five year old children whose speech and other disabilities were so severe as to prevent their adjustment to ordinary school were admitted for a period of observation at Nerston where experimental methods were used for teaching and diagnosis of their condition made from results. This increase in services to the handicapped is reflected in Table V where the column "Strong Physical Factors" shows a sharp increase on last year's figures, especially in Renfrew Street Clinic where much of this work was centred.

Age and Intelligence

TABLES VI AND VII.

TABLE VI

CLINIC	AGE IN YEARS																
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
RENREW STREET ...	4	15	35	91	138	151	121	105	88	91	60	32	49	31	14	1	3
GREENHEAD ...	3	8	17	47	108	92	65	72	35	61	21	12	11	10	3	2	—
GOVAN ...	—	4	9	40	78	73	76	58	54	22	36	11	10	9	2	2	—
CROSSMYLOOF ...	1	1	12	18	76	73	51	47	33	20	22	18	11	10	4	1	—
SUBSIDIARIES ...	5	8	16	107	139	128	125	118	90	79	49	24	27	8	6	2	—
TOTALS ...	13	36	89	303	539	517	438	400	300	273	188	97	108	68	29	8	3

TABLE VII

CLINIC	I.Q.'s												
	Under 45	45 to 54	55 to 64	65 to 74	75 to 84	85 to 94	95 to 104	105 to 114	115 to 124	125 to 134	135 and over		
RENREW STREET ...	3	14	35	97	192	253	196	112	57	22	10		
GREENHEAD ...	2	6	12	60	118	149	99	68	23	13	1		
GOVAN ...	7	4	9	37	102	132	93	44	16	5	—		
CROSSMYLOOF ...	10	3	9	22	45	87	77	71	29	9	10		
SUBSIDIARIES ...	15	5	20	60	116	200	253	127	67	32	23		
TESTING SECTION ...	2	5	37	200	331	249	103	14	4	2	1		
TOTALS ...	39	37	122	476	904	1,070	821	436	196	83	45		

The age range of cases referred is still 2 years to 18 years though as would be expected in a Service run by a Local Education Authority the great majority of the children are in the ordinary school range 5-15 years. There has been a tendency in recent years for the age of maximum referral to recede down the scale and this year three of the main clinics and four of the subsidiaries have their peak age of referral at 6 years.

Table VII, giving distribution of I.Q.'s, this year includes the returns from the Testing Section also. The large number of children of low intelligence examined during the session reflects the services in all centres to Special Schools Department as seriously handicapped children who are due for first enrolment in school but obviously below the necessary level of development are automatically referred to their local child guidance clinic for examination and report. One feature of Table VII is interesting but inexplicable. In all main clinics I.Q. range 85-94 has the maximum number of entries. In all subsidiary clinics the maximum is at 94-105. No I.Q.'s are recorded for 128 cases. A few of these are current cases not yet ready for testing, the majority are seriously handicapped or very young children where the I.Q. obtained is not considered reliable; and a small number are normal school children who were given speech therapy for correction of minor speech defects but were not given an intelligence test.

Sources of Referral.

TABLE VIII.

TABLE VIII

CLINIC	SOURCES OF REFERRAL														
	Children's Officer and Ministry of Pensions	County Authority	Education Health Service	Family Doctor	Health and Welfare Department	Hospitals and Infirmaries	Other Professional Bodies	Parents and Relatives	Probation Department and Approved Schools	School Attendance Dept., Procurator Fiscal and Courts	Schools	Scottish Council for Research in Education	Special Schools Department	Social Service Organisations	Testing Section
RENFREW STREET	8	15	107	30	34	19	—	49	59	24	499	19	109	8	49
GREENHEAD ...	1	—	136	16	8	9	—	16	5	9	285	4	48	—	30
GOVAN ...	—	—	30	12	7	6	—	22	8	14	346	6	22	4	7
CROSSMYLOOF ...	—	—	26	4	1	4	—	39	2	10	300	4	8	—	—
SUBSIDIARIES ...	3	1	119	29	8	16	2	57	14	8	536	43	53	2	40
TOTALS ...	12	16	418	91	58	54	2	183	88	65	1,966	76	240	14	126

Although the referring agency is noted in each individual folio this is the first year that sources of referral have been tabulated for publication. It has always been assumed that a very large majority of the children attending the child guidance centres in Glasgow were referred from their schools. Table VIII shows that this "large majority" is only 57.6 per cent., that 12.3 per cent. are referred by Education Health Service and 5 per cent. directly by parents or guardians. This year, with extension of child guidance facilities to Special Schools, 7 per cent. of the cases come via that department. Services to Approved Schools in and near Glasgow have increased during the session. In one instance a very unstable child was, with the consent of the Scottish Education Department, transferred from an Approved School to Nerston Residential Clinic for a period of observation. Probation cases are given as 122 in Table V but only a proportion of these were actually referred to clinic by Probation Officers. Many were children who came through other channels but were discovered in the course of investigation to be already on probation. The Scottish Council for Research in Education is engaged in a Follow-up of siblings of the 1947 Mental Survey and a certain number of Glasgow children are in this connection tested each year as they reach the age of $11\frac{1}{2}$ - $12\frac{1}{2}$ years. This testing is done by child guidance staff.

Social Workers.

In this Service visits to the homes of children in attendance at clinic have always been made by the psychologist who is treating the case and in recent years this duty has become an increasing burden, especially in new housing areas where much time is consumed in travelling. The problem has been aggravated by the number of mothers who are employed outwith the home and cannot be interviewed except in the evening. It has, therefore, been decided that social workers should be employed to relieve the clinicians of this part of the work and it is hoped that a beginning will be made next session by the appointment of two psychiatric social workers.

Speech Therapy.

As mentioned in connection with Table III there has been considerable improvement in facilities for the treatment of speech defect but with the extension of child guidance services to special schools it again became impossible to overtake the work of the speech department with the staff available. The Education Committee have, therefore, approved the employment of two more speech therapists in child guidance bringing the total to six speech therapists and one psychologist qualified in speech therapy.

PLAY THERAPY



Crowning the May Queen at Greenhead Clinic



Junior Classroom at Nerston Residential Clinic

Nerston Residential Clinic and School.

TABLE IX.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. in house, 31st July, 1951	16	17	33
No. admitted during year	44	39	83
No. discharged during year	39	40	79
No. in house at 31st July, 1952	21	16	37
Total No. treated, 1951-52	60	56	116

Fewer children have received treatment in Nerston this session but more have had prolonged periods of residence, three for a full year. There has been some extension in the scope of the work as children with serious or obscure handicap have been accepted for observation with a view to recommending type of school or educational methods best suited to their needs. Two five year old children with little or no speech but obviously intelligent and normal in hearing had their first experience of school life in Nerston. A delicate, unstable, difficult boy of five years, unfit for ordinary school, and an unstable ten year old from an approved school were also among the cases for observation. No I.Q.'s are recorded for these four as the results of intelligence tests were not considered reliable but other cases accepted for observation were continued for treatment and recorded in the normal way.

TABLE X.

<i>Age in Years</i>	5	6	7	8	9	10	11	12	13	14	15
<i>Boys</i> ...	3	3	6	8	12	10	7	9	1	1	—
<i>Girls</i> ...	3	8	8	4	5	10	5	3	5	3	2
<i>Total</i> ...	6	11	14	12	17	20	12	12	6	4	2

TABLE XI.

I.Q.'s

90 to 94	95 to 104	105 to 114	115 to 124	125 to 134	135 to 150	Over 150
11	39	26	20	13	3	—

TABLE XII.

	No. of Cases
<i>Emotional Disorders ...</i>	
General Instability	24
Anxiety and Obsessional States	27
Night-terrors, nightmares, sleep-walking	7
Enuresis and Soiling	48
Emotional Retardation and Regression	35
Psychopathic Personality	6
<i>Behaviour Disturbances— ...</i>	
Unmanageable Behaviour	8
Aggression and Temper Tantrums	13
Sadistic Tendencies	2
Exhibitionism	17
Truancy and Wandering	6
<i>Delinquency—</i>	
Theft	9
Lying	16
Malicious Mischief	3
Sexual Offences	5

Tables X, XI and XII show distribution of ages, intelligence and types of problems dealt with in the residential clinic during this session and are closely comparable with those published in previous years. The distribution of ages is much affected by control. Experience has shown that from the therapeutic point of view as well as for the organisation of the house it is better to balance the ages of children in residence rather than to have too many in one age group at one time.

Four children under the care of the Children's Officer have been treated during this session and four others were accepted from county areas.

Other Services.

One psychologist on this staff is still seconded as full time technical and statistical assistant to the Promotion Board and is responsible to them for the statistical procedure involved in the scheme for the transfer of pupils from primary to secondary education and for the composition test and the Glasgow Group Mental Test which is compiled annually and set to 45,000 pupils.

The training of qualified psychologists for work in child guidance continues on the basis of a two years' course or internship, the trainees working as junior members of staff and attending lectures, tutorials and case conferences for seventy hours per session.

Medical Officers taking a qualification in Mental Deficiency received instruction and training in the four main clinics extending over nine periods in all forms of intelligence testing.

First, second and third year students of the Glasgow School of Speech Therapy were given practical training and experience in the four main clinics.

Nurses attending the Health Visitors Course received a course of lectures and each spent a period in a child guidance clinic.

During the session close on two hundred lectures were delivered by child guidance staff to professional, educational and cultural organisations in and around the city. A special evening lecture course on Psychopathology was given by the senior psychiatrist in the training centre at Crossmyloof Clinic. As it was opened to all practicing psychologists in the west of Scotland there was a regular attendance of forty-eight.

Visitors and deputations from this country and abroad have been even more numerous than in previous years. Following on the International Course of November, 1950, a Viennese psychologist was received as a guest for one month in Nerston Residential Clinic while she studied methods of treatment there and in the day clinics. In return three senior members of this staff were entertained for three weeks in Austria as the guests of the authorities in Carinthia and Vienna. They were afforded most excellent opportunities to study recent developments there and in particular the re-establishment of child care services in a country which from being a pioneer in

psychological work had for years been deprived of even elementary medical services. It is hoped that similar interchange of staff with other countries may be developed. The Senior Assistant Psychologist in charge of Nerston Residential Clinic has been awarded a Paige Scholarship to study developments and techniques in U.S.A. and will spend some weeks there in the early months of next session.

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THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

REPORT
ON
CHILD GUIDANCE
SERVICE



Session 1950-51

TDV ISAM
Kütüphanesi Arşivi
No 059-132/4

W9875

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THE CORPORATION OF GLASGOW
EDUCATION DEPARTMENT

REPORT
ON
CHILD GUIDANCE
SERVICE



Session 1950-51

W9875

This report has previously been issued under the title "Report on Child Guidance Clinics," but the work being done by psychologists employed by the Glasgow Education Committee has been expanded year by year, until now Child Guidance in Glasgow has become a very comprehensive psychological service for children of all ages. It is fulfilling practically all the functions of a school psychological service, and at the same time providing individual psycho-therapy, and, where necessary, psychiatric treatment in twelve centres, so situated that all areas of the city are being adequately served. A very great deal of individual testing of children is done within the schools, and close co-operation is sought, and usually obtained, from individual teachers and head teachers. As the psychiatrists in the service hold their appointments as School Medical Officers, very close contact is maintained with the Education Health Service, so that specialists holding part-time appointments are also available for child guidance cases. This eliminates repetition and over-lapping in cases of multiple handicap. Within the last few years, the psychological services originally available only for children attending ordinary school have been extended to children attending special schools for the handicapped, and in some cases, psychologists are sent even to Approved Schools to examine and give advice.

The following tables refer only to the work done in the Child Guidance Clinics as many of the other activities of the service cannot be reduced to figures. The figures, which are compiled from the returns of the twelve centres, have remained very consistent over a period of three to four years, so it would appear that the purely clinical work required in the city is being fully over-taken, and further extension should not be expected. There is, however, likely to be an enlargement of the service in the Pollok area, where a large re-housing scheme will accommodate over 8,000 families, and will necessitate the building of several more schools. Since these families are nearly all already resident in the Glasgow area, the increase in volume of work in Pollok Clinic will most likely be off-set by reduction in numbers at other clinics in the city. As noted in all previous years, there are almost twice as many boys as girls referred to clinics.

TABLE I

CLINICS	NO. OF CASES			Discharged	Current
	Boys	Girls	Total		
RENFREW STREET ...	580	337	917	732	185
GREENHEAD ...	359	154	513	390	123
GOVAN	309	159	468	359	109
CROSSMYLOOF ...	252	158	410	304	106
SUBSIDIARIES ...	599	325	924	718	206
TOTALS	2,099	1,133	3,232	2,503	729

Subsidiary Clinics.

The two inadequately accommodated subsidiary clinics were re-established during the session. Hyde Park Clinic was moved to larger and more satisfactory premises in Petershill School, which is only a few hundred yards distant from the original clinic. The transfer was made without interruption of work. Haghill Clinic was re-accommodated in Haghill School, and is now one of the most satisfactory of the smaller centres. The Pollok Clinic is at present accommodated in two rooms of Harriet Street School Medical Clinic. With the development of the area these two rooms are now required by the Education Health Service for their own extension, and in any case the accommodation was likely in the near future to prove inadequate for the Child Guidance Service. Arrangements have therefore been made to move next session to suitable and larger premises in the same area and to draft more staff into this centre to meet the demands of the growing district.

TABLE II

SUBSIDIARY CLINICS	NO. OF CASES			Discharged	Current
	Boys	Girls	Total		
ST. CUTHBERT'S ...	72	38	110	81	29
PETERSHILL ...	100	54	154	132	22
CLOBERHILL ...	82	64	146	104	42
SHETTLESTON ...	78	41	119	94	25
HAGHILL	109	41	150	124	26
CRAIGTON	77	44	121	88	33
POLLOK	81	43	124	95	29
TOTALS	599	325	924	718	206

The average number of cases dealt with in a subsidiary clinic is approximately 120 per year. Each of these subsidiaries is staffed by one full-time psychologist, a visiting psychiatrist, and a visiting speech therapist. Some clerical assistance is provided by the nearest main clinic. There is a certain amount of variation from year to year in the number of cases passing through each of these centres, and this year Haghill, Petershill, and Cloberhill Clinics show inflation of numbers owing to local conditions. In the case of Haghill Clinic, services were required for the local Special School, and a number of children were examined, although few were accepted for treatment. In the Petershill area, three different groups of children were accepted for special tuition in order to overcome a serious organisational problem that had arisen in a local school. In Cloberhill Clinic the increase was in the number of speech cases, as a speech therapist was provided for this clinic before such services were available elsewhere.

TABLES III, IV AND V.

TABLE III

CLINIC	Attendances	Psychological Investigation	Psychological and Educational Treatment	Psychiatric Examinations	Relaxation and Remedial Exercises	Play Therapy	Speech Treatments	Parents' Visits	Home Visits	School Visits
RENFREW STREET ...	5,016	1,283	2,552	331	—	946	1,644	2,350	133	905
GREENHEAD ...	4,132	715	1,482	209	—	472	1,072	1,538	131	566
GOVAN ...	3,251	634	1,682	194	—	258	896	1,376	167	865
CROSSMYLOOF ...	2,941	586	1,793	120	—	401	775	1,259	181	684
SUBSIDIARIES ...	6,976	1,606	4,213	244	—	321	1,081	2,452	222	2,078
TOTALS ...	22,316	4,824	11,702	1,098	—	2,398	5,468	8,975	834	5,098

TABLE IV

CLINIC	EMOTIONAL DISORDERS										BEHAVIOUR DISTURBANCES						DELINQUENCY				
	General Instability	Anxiety and Obsessional States	Night terrors, Sleep-walking	Enuresis and Soiling	Emotional Retardation and Regression	Psychopathic Personality	Unmanageable Behaviour	Aggression and Temper Tantrums	Sadistic Tendencies	Exhibitionism	Truancy and Wandering	Theft	Lying	Malicious Mischief	Sexual Offences						
RENFREW STREET ...	40	46	16	87	94	14	34	76	—	6	35	53	11	3	7						
GREENHEAD ...	37	28	12	61	78	8	38	24	—	7	17	18	17	—	2						
GOVAN ...	36	33	7	66	54	3	17	54	—	20	37	34	40	7	—						
CROSSMYLOOF ...	27	33	3	40	55	2	7	21	2	10	6	15	17	—	1						
SUBSIDIARIES ...	51	115	39	146	214	18	75	73	7	52	62	68	55	24	14						
TOTALS ...	191	255	77	400	495	45	171	248	9	95	157	188	140	34	24						

TABLE V

CLINIC	EDUCATIONAL					MISCELLANEOUS							OTHER FACTORS					
	General Backwardness	Arithmetic	Reading	Spelling	English	Vocational Guidance	Official Reports	Probation	I.Q. and Advice	Mentally Handicapped	Refused Treatment	Unsatisfactory after Treatment	Strong Physical Factors	Strong Home Factors	Hereditary Factors	Training	School—Home Friction	
RENFREW STREET	226	108	34	42	4	—	8	91	26	154	113	26	9	70	38	8	37	7
GREENHEAD ...	107	90	33	38	1	—	—	10	11	119	73	15	11	47	46	12	67	10
GOVAN ...	87	70	53	73	14	2	—	21	10	114	50	26	8	26	55	2	53	8
CROSSMYLOOF ...	97	98	38	42	7	1	—	3	—	122	42	13	3	24	38	3	38	2
SUBSIDIARIES ...	158	97	82	141	12	4	7	42	24	186	59	39	15	72	145	16	177	27
TOTALS ...	675	463	240	336	38	7	15	167	71	695	337	119	46	239	322	41	372	54

TABLE VI

CLINIC	AGE IN YEARS																	
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
RENFREW STREET ...	2	2	17	27	78	125	136	106	123	77	63	30	35	39	39	17	2	1
GREENHEAD ...	—	6	17	63	75	73	63	58	43	34	28	15	16	19	3	—	—	—
GOVAN ...	1	5	9	49	55	89	75	60	27	39	18	19	13	6	2	1	—	—
CROSSMYLOOF ...	1	2	10	16	60	73	74	39	42	32	32	11	11	4	3	—	—	—
SUBSIDIARIES ...	—	8	18	75	161	156	132	102	107	50	40	27	29	16	2	1	—	—
TOTALS ...	4	38	81	281	476	527	450	382	296	218	148	107	108	84	27	4	1	1

TABLE VII

CLINIC	I.Q.'s										
	Under 45	45 to 54	55 to 64	65 to 74	75 to 84	85 to 94	95 to 104	105 to 114	115 to 124	125 to 134	135 and over
RENFREW STREET ...	6	8	28	111	178	207	184	92	58	17	9
GREENHEAD ...	2	9	24	54	104	120	98	62	25	8	2
GOVAN ...	1	4	12	33	118	134	103	37	16	7	1
CROSSYMLOOF ...	1	1	5	35	56	80	79	62	27	18	8
SUBSIDIARIES ...	2	4	9	60	118	221	241	152	57	28	21
TOTALS ...	12	26	78	293	574	762	705	405	183	78	41

Tables III, IV, and V give a detailed analysis of the work done in all centres during the session. They correspond so closely to the figures of previous years that no remark is required. In Table III the column "Relaxation and Remedial Exercises" has been left blank, as it has been impossible to provide specialist services for this purpose. However, since equipment for remedial physical exercises is available in all centres, a certain amount of use has been made of it, and it has been recorded as part of general psycho-therapy. The increase in the number of speech cases is a result of the addition to the staff of two more speech therapists, one in September, 1950, and one in February, 1951. A full time speech therapist is now attached to each of the four main clinics, and she serves the subsidiary clinics on a part-time basis. All speech therapy is under the supervision of a psychologist who is also a qualified speech therapist, and who travels round all centres for consultation and treatment in especially difficult cases.

TABLES VI AND VII.

Age and Intelligence.

There is no significant change in the distribution of the ages of children referred to clinics. The very big majority are between the ages of 5 and 15, but the tendency noted in previous years to refer pre-school children for advice, has continued. Most of the pre-school problems are simple in nature, and frequently require only advice and guidance to parents in the handling of normal phases of development. There are, however, more children being referred from nursery schools and a slight increase in the numbers referred by the Royal Hospital for Sick Children. At the other end of the scale there have been fewer older children referred this year, and most of these have been from secondary schools, or else cases referred by Probation Department or the Procurator Fiscal. Young people at work are less likely to attend clinics under the school services, and more frequently seek advice at general hospitals.

The distribution of I.Q.'s shows little change beyond a general tendency towards normal and superior. Fewer low grade children have been referred directly to Child Guidance Clinics, but this is chiefly because such cases go more directly to Special Schools Section. It will be noted that there is a discrepancy between the number of children recorded on the Age Table and on the I.Q. Table. The very big majority of the children attending clinic are examined on the Terman

Merrill Scale as a routine. In certain cases where speech is seriously handicapped either by deafness or stutter, intelligence is measured on a performance scale, but not recorded as an I.Q. Also in the case of very young children of two, three, and four years of age, where the problem is predominantly one of parental mishandling, it is often wiser when the child appears normal in intelligence to deal immediately with the problem in hand rather than to keep strictly to routine. For these reasons the I.Q.'s of 75 children have not been recorded.

TABLE VIII.

SPECIAL SCHOOLS SECTION.

I.Q.'s										
<i>Under</i> 45	45 <i>to</i> 54	55 <i>to</i> 64	65 <i>to</i> 74	75 <i>to</i> 84	85 <i>to</i> 94	95 <i>to</i> 104	105 <i>to</i> 114	115 <i>to</i> 124	125 <i>to</i> 134	135 <i>and</i> <i>over</i>
—	2	17	94	210	206	89	20	10	2	8

TOTAL—658.

Testing Service.

It will be obvious from Table VIII that Special Schools Section of the Child Guidance Service has outgrown its original purpose. It was established in 1947 to provide an intelligence testing service for Special Schools Department which was responsible for the transfer of mentally handicapped children to special school. A testing service had previously existed in connection with the special schools themselves and had no connection with Child Guidance Clinics, but as the number of children referred for special educational treatment increased the original provisions proved inadequate and clinic staff assisted in the testing of children who were due for examination by the classifying doctors. As a result certain confusion arose in the minds of head teachers as to the more satisfactory way of dealing with seriously backward pupils and large numbers of children were referred to Child Guidance Clinics instead of to Special Schools Department.

Special Schools Section of the Child Guidance Service adapted itself by becoming a general testing service and a means of screening cases referred to Child Guidance Clinics for "backwardness." The

children are examined in their own schools and those seriously handicapped are referred directly to Special Schools Department and all relevant information forwarded. Children whose backwardness in school subjects is not due to lack of intelligence are transferred immediately to their local Child Guidance Centre and their schools informed. The residue, approximated 350 last year, are children whose backwardness is the result of poor intelligence and its allied disabilities but who are not seriously enough handicapped to be eligible for special school. Such children require intensive tutorial instruction in special classes but it has so far been impossible to make such provision. In the present circumstances, therefore, the schools are given reports on such children stating I.Q., educational level attained in the basic school subjects, and advice on placement in school with due regard to ability and achievement. These reports are entered in the child's school record card for guidance at later stages and have proved so useful particularly at the stage of transfer to secondary school that the demand for individual examination of children increases monthly.

It would undoubtedly be ideal if an individual assessment of every child could be made during his primary school period, but this is not at present possible. Two Group Mental Tests are given during the last two years of primary school, and here again the testing service has been called upon. Forty-three children showed marked discrepancy in the two test results and on the request of the Promotion Board were examined individually on the Terman Merrill Intelligence Scale.

During the year the Scottish Council for Research in Education asked that younger siblings of children examined in the 1947 survey be tested when they reached the age of eleven years. Again this work was passed to the testing service.

Altogether the testing service has this session examined 658 children for intelligence and educational achievement, but has still a waiting list of over 400. The extra demands for testing have altered very markedly the profile of I.Q. distribution from that of previous years, and it now tends to follow the same curve as ordinary clinic returns. In future years the I.Q. table will be made comprehensive.

Backward Children.

Reference was made above to the lack of provision for the permanently backward or dull child. Special classes for these children are urgently needed but the areas of the city where backwardness is most prevalent are the over-crowded areas where accommodation is at a premium. While this problem remains the school Psychological

Services of the city are not adequately fulfilling their duty. As has been proved by experiment, clinical attendance is not the answer to the problem. Such children require very much more constant and personal supervision than can be provided by weekly attendance at a centre. It is hoped to raise the matter again next session in the expectation that some provision might be made even if only in a few districts.

X Selection for Secondary Education.

In 1948 one psychologist was placed at the service of the Promotion Board as technical and statistical assistant. He is responsible for the entire statistical procedure involved in the scheme for the transfer of pupils from primary to secondary education and for the standardisation of the composition test and the Glasgow Group Mental Tests. The Group Mental Test is compiled annually and set to 45,000 pupils between the ages of $9\frac{1}{2}$ and 13 years. Standardisation is carried out on the results from 30,000 pupils which comprises the total age range 10 to 12 years. His work embraces all the necessary research into the validity and reliability of the methods used and results obtained. Proposed new items in attainment tests are also set experimentally to samples of pupils from various groups of schools and it is his duty to ensure their validity.

Since selection procedure must be kept constantly under review continuous research based on results already obtained is necessary. Suggestions and inquiries from the Promotion Board regarding modifications to the statistical and educational basis of the scheme are investigated on selected groups of children or schools and results placed before the Board for guidance. Clinic staff assist this psychologist in some of these researches where the work cannot be undertaken by one person alone.

X Training.

When Glasgow Corporation opened its first Child Guidance Clinic in 1937, few psychologists trained in clinical work were available. The practice was then established of recruiting suitably qualified teachers from the Glasgow schools and giving them what training was possible while they were actually engaged in the work. With the expansion of the service and improved facilities, training has become much more organised and is now an established course extending over two years. Lectures on clinical procedure, techniques of investigation, remedial methods and psychotherapy are given weekly and with case

conferences and discussion groups extend to 75 hours per session. Arrangements are being made for next session to include also a course of lectures on psychopathology, to be given by the chief psychiatrist. Trainees work under the direct supervision of experienced clinicians, cases are selected and graded for them, and their work checked daily or weekly. They serve for six months as junior members of the staff at Nerston Residential Clinic and School, and as well as clinical duties have to teach a class of about 20 difficult children by individual methods. At six month intervals they are given individually a practical and oral examination by the principal psychologist. During the training period they are paid as teachers, and on satisfactory completion of the course they are automatically appointed as psychologists in this service. Fifty-nine teachers have so far received this training and five more are at present under tuition. Forty-four have completed the course satisfactorily, and nineteen past members of Glasgow Child Guidance staff now hold promoted posts outwith the service. Two have failed to reach the necessary standard after full training. Fifteen others have left the service before completion of their two years period, either because they were advised that they were unsuitable for Child Guidance work, or because they obtained posts where their academic qualifications as psychologists were acceptable without professional training.

In spite of the constant drainage of qualified and trained staff, Glasgow Corporation has been able until this year to obtain locally sufficient replacements to support the training scheme and staff the service. The supply has now failed and it has been necessary to advertise nationally for certificated teachers holding an Honours degree in Psychology and Education, and having a minimum of five years' teaching experience including experience of primary schools. The response has assured supplies for the immediate future and justifies the effort to maintain standards even in these times of shortages. It is hoped that sufficient numbers of younger qualified psychologists will have gained the requisite teaching experience before the situation again becomes acute.

As well as training psychologists the service provides facilities for the practical training of speech therapists. First, second and third year students of the Glasgow School of Speech Therapy attend at the four main clinics throughout the session and also at selected schools where groups of children suffering from minor defects of speech are being given intensive speech training.

Within the service itself, speech therapists receive further training on appointment. They are given a two months' intensive course on intelligence testing (verbal and non-verbal), and on remedial methods in reading. They attend also at lectures given to psychologists in training. This sacrifice of their time for further instruction has proved of great benefit not only to themselves, and their patients, but to the service in general. It means that fewer persons need to deal with a child who suffers from speech disability, and the speech therapists gain a better and readier understanding of the work of their colleagues in psychology and psychiatry.

For the past three years Glasgow University and the Scottish Association for Mental Hygiene have provided a course for medical officers desiring a qualification in Mental Deficiency. Instruction and training in all forms of intelligence testing occupies nine periods of the course and this is given in the Corporation's four main clinics by the trained psychologists of the Child Guidance Service.

International Course.

At the request of the British Council the clinical psychologist organised a course on "The Psychological Treatment of the Problem Child" which was attended by seventeen child specialists from nine different countries during the first three weeks of November, 1950. The "students" were all persons of mature experience but diverse qualifications and varied professions. Six were principals or senior staff of schools or training colleges, four were psychologists, three were psycho-therapists and there was one psychiatrist, one paediatrician, one psychiatric social worker and one educational research worker. The course was essentially a practical one and lectures were limited to fifteen hours. Each member of the course was assigned an individual tutor from among the experienced clinicians of the staff and was allowed, not only to observe, but to participate under supervision in investigation and treatment. They worked not only in the clinics but in the schools and homes of the children. All students spent a period of 48 hours in Nerston Residential Clinic and School, so that they might have opportunity to follow the whole routine of treatment there and have experience of actually living with their patients.

A very great number of visits were arranged for individual or small groups of the visitors to schools, institutions and centres where children of all ages were receiving education, treatment or care. The request for help and co-operation made to other departments of the city administration met with a most generous response, and grateful

acknowledgement is made particularly to Special Schools Department, Probation Department, Children's Department, and Health and Welfare Department who accepted the heaviest inroads on their time and services. Thanks are also due to several approved schools, Lennox Castle Certified Institution, The Orphan Homes of Scotland, Notre Dame Child Guidance Clinic, and Jordanhill Teachers' Training College, for receiving and entertaining members of the course.

Services to Special Schools.

There are in Glasgow, 40 schools for handicapped children, and it was for years the policy of the Child Guidance Service to avoid dealing with children in such schools as special educational treatment was already being provided by the department responsible for the administration of special schools. In practice, however, this was not always possible, and when responsibility was accepted by the Child Guidance Service for examination of children for admission to schools for the handicapped, co-operation in other phases of the work developed. For some time now services to special schools have been provided on request usually in the case of individual children.

Last session an extension of services was requested and a non-verbal mental test was given to all pupils in attendance (98) in Glasgow School for the Deaf. The mental testing of all pupils in the School for the Semi-Deaf was begun also, but will not be completed till next session.

Last year, for the first time, speech therapy was provided either in their own schools or in clinics for pupils in schools for the physically handicapped who suffered from speech defects. Problems of temperament and behaviour have been accepted from such schools for some considerable time, and it is hoped during next session to provide a testing service also for these schools.

Reference has already been made to examination of children alleged to be mentally handicapped, but it has not been the duty of the Child Guidance Service to deal with such children after the initial transfer to Special Schools Department. Since the raising of the ordinary school leaving age, however, from 14 to 15 years, parents of handicapped children much more frequently request transfer back to ordinary school before the 15th birthday. It has now become routine to send such children to the nearest Child Guidance centre for a full psychological examination, the report on which is placed before the Medical Officer when he examines the child to decide whether to grant or refuse the request. All Medical Officers in Glasgow who

are engaged on special school work have had a period of service in Child Guidance Clinics, and are well able to make full use of all information supplied.

Psychiatric Services.

The limitation of psychiatric services has always been a weakness in the Glasgow system. The two psychiatrists attached to the service at present are both only part-time on child guidance. Between them they have nine three-hour periods per week in Child Guidance Clinics, though in special circumstances their time can, and has been increased. Both are School Medical Officers, the senior is full time on mental health work, and both have extensive experience of normal as well as difficult children. One other advantage which helps to overcome this deficiency in the service is the fact that the same psychiatrist has been in charge of the psychiatric work since the establishment of the Child Guidance Clinics in 1937. It is possible, therefore, with good team work to relieve him of all unnecessary detail and to carry out with a minimum of instructions, his recommendations with regard to treatment. For the few cases where psychiatric rather than psychological treatment is required, time is provided on his time-table, or in-patient treatment sought elsewhere. But the great majority of children referred to Child Guidance Clinics are essentially normal children whose maladjustment is a result of mishandling, and after initial investigation and release of tension, they respond very well to methods of re-education. For this reason educational therapy has always played a prominent, though by no means a dominant part, in the Glasgow system. The psychiatrist's role is therefore very frequently that of consultant and the prescribed psychological or educational treatment is carried out by the psychologists.

The opinion is sometimes expressed that every maladjusted, difficult, or naughty child is a mentally ill child, and as such should have the services of a psychiatrist. Even if this assumption is true, it will be many years before there are sufficient psychiatrists to meet the need, and meantime, for their own sakes and for the sake of the community, it is desirable that whatever knowledge and skill is available be utilised to make of the misfits, happy individuals and competent citizens. There is also the other point of view which emphasises not the element of illness or abnormality in childish maladjustment, but the normality of frequent and varied aberrations in developmental progress which is typical of childhood. Psychiatrists with considerable experience of the normal school population and psychologists who as class teachers have experienced the versatility

of the adaptive mechanism in childhood, are more inclined to take this latter view than are specialists whose professional experience has been largely confined to the adult neurotic or psychotic.

It is none the less a weakness of the Glasgow system that sufficient psychiatric services are not available to allow every child to be seen at least once by a psychiatrist.

Nerston Residential Clinic and School.

TABLE IX.

	Boys	Girls	Total
No. in house at 31st July, 1950	22	15	37
No. admitted during year	49	42	91
No. discharged during year	55	40	95
No. in house at 31st July, 1951	16	17	33
Total No. treated during 1950-51	71	57	128

Nerston has had an exceptionally busy and successful year. 128 children as compared with 121 last session received treatment there. Care in selection and timing of admissions has kept the house better balanced throughout the year with regard to age, although the age distribution (Table X) for the year which shows only an increase in the number of adolescents, does not make this clear.

The International Course in November, 1950, made very heavy demands on Nerston staff who for three weeks had to be hosts to a constant succession of enquiring and interested visitors, and at the same time teach and treat 39 difficult and egocentric children. They have received also throughout the session many visitors from abroad, and several deputations of officials from different places in this country. The Medical Officers taking the Mental Deficiency Course also spent an afternoon there.

Table XI gives the I.Q.'s of children treated in residence this year and it will be apparent that preference has been given to children of good or superior intelligence. There is now always a waiting list for treatment in Nerston and it has been found in the eleven years that the centre has been in operation that the type of treatment there given is much more effective and lasting when the children are intelligent enough to co-operate with insight in their own treatment. The only cases accepted for training as opposed to treatment, are very young children whose mothers are too unstable to carry out training themselves even under clinic supervision.

TABLE X

Age in Years	5	6	7	8	9	10	11	12	13	14	15
Boys	2	3	13	7	12	13	6	4	6	3	2
Girls	3	7	4	6	5	11	4	5	4	7	1
Total	5	10	17	13	17	24	10	9	10	10	3

TABLE XI

I.Q.'s						
90 to 94	95 to 104	105 to 114	115 to 124	125 to 134	135 to 150	Over 150
5	45	37	26	8	6	1

TABLE XII

	No. of Cases
<i>Emotional Disorders ...</i>	
General Instability	29
Anxiety and Obsessional States	32
Night-terrors, nightmares, sleep-walking	4
Enuresis and Soiling	51
Emotional Retardation and Regression	27
Psychopathic Personality	13
<i>Behaviour Disturbances— ...</i>	
Unmanageable Behaviour	17
Aggression and Temper Tantrums	12
Sadistic Tendencies	1
Exhibitionism	9
Truancy and Wandering	12
<i>Delinquency—</i>	
Theft	8
Lying	9
Malicious Mischief	2
Sexual Offences	9
Referred by County, 2.	Referred by Children's Department, 4.

During the year a number of experiments in group therapy have been carried through using five or six children of an age group at a time. Best results have been obtained with adolescent groups, boys or girls, and one group mixed, but even some of the younger groups have produced results which, though tentative, are encouraging.

The outstanding feature of Table XII is the steep rise in the number of cases under "enuresis and soiling." Very good results have been obtained and of the 51 cases of this type accepted, only 2 have been discharged as "improved but not entirely satisfactory." Nine children are still under treatment.

During the year 2 children were accepted from outwith the city on the request of the Director of Education or Medical Officer of Health of their county. Four children under the care of the Children's Department received a period of residential treatment.

Other Services.

Many lectures have been delivered by staff to professional, cultural, and educational organisations, among them a large number of Parent-Teacher Associations, attached to different schools. Assistance has been given to head teachers of schools in new development areas in grading newly enrolled pupils either according to mental ability or educational achievement.

Nurses taking the Health Visitor's Course were given eight lectures and each student nurse spent one period in a Child Guidance Clinic. Visitors from home and abroad have been received weekly, and sometimes daily.

In spite of staffing difficulties it was possible to second in December, 1950, one more qualified and trained psychologist to Notre Dame Child Guidance Clinic. Two psychologists and one speech therapist of this staff are now on full time duty at this voluntary clinic.

Referrals.

The great majority of children attending the Corporation Child Guidance Clinics in Glasgow, are referred by the schools, and although source of referral is noted in each individual folio, this data has never been tabulated. It has become apparent, however, in the last few years that an increasing number of children are being referred by hospitals, family doctors, and other agencies. In future, note will be made on the registers and details published with relevant figures.

August, 1951.

CHILD GUIDANCE CLINICS.

Main Clinics.

	<i>Telephone No.</i>
194 Renfrew Street, Glasgow, C.2.	Douglas 1437-8.
53 Greenhead Street, Glasgow, S.E.	Bridgeton 2320.
102 Copland Road, Glasgow, S.W.1.	Govan 1628.
13 Lethington Avenue, Glasgow, S.1.	Langside 0638.

Subsidiary Clinics.

Cloberhill School, Great Western Boulevard, Glasgow, W.3.	Scotstoun 1473.
St. Cuthbert's School, Hobart Street, Glasgow, N.	Possil 8489.
Petershill School, Petershill Road, Glasgow, N.	Springburn 5608.
Shettleston School, Old Shettleston Road, Glasgow, E.2.	Shettleston 2833.
Haghill School, Marwick Street, Glasgow, E.1.	Parkhead 5006.
Craigton School, Morven Street, Glasgow, S.W.2.	Halfway 4642.
Pollok Clinic, 199 Shawbridge Street, Glasgow, S.3.	

Residential.

Nerston School and Clinic, Near East Kilbride.	East Kilbride 212.
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T. C.
LONDRA BÜYÜK ELÇİLİĞİ

MİLLÎ EĞİTİM ATEŞELİĞİ,
İNGİLTERE BÖLGESİ
ÖĞRENCİ MÜFETTİŞLİĞİ

Sayı: 1225

43, BELGRAVE SQUARE,
LONDON. S.W.1.

TELEFON: SLOANE 4158
TELEGRAF ADRESİ:
İNGİLTERE İÇİ: TURKCULTUR KNIGHTS LONDON.
İNGİLTERE DIŞI: TURKCULTUR LONDON

LONDRA,

ÖZET: Child Guidance h.

Sayın
Bay

Reşat Tardu
Millî Eğitim Vekâleti Müsteşarı
Ankara

Bedence ve zekâca ârizalı çocuklar konusunda bilgi edinmek üzere bölgemize gönderilen öğretmenlerden Fahri Sagay'ın Child Guidance kliniklerinde çalışmak üzere yaptığı müraceata aldığı cevap, ileride bu mevzuda çalışmak üzere gönderileceklerin seçilmesinde istifade edileceği düşüncesiyle, ilişik olarak saygılarımla sunulmuştur.

Gönderilen üç öğretmen arkadaşın programlarında mevcut diğer bölümler üzerinde gerekli incelemelere, okul ve müessese ziyaretlerine devam ettiklerini de bu vesile arz eder, saygılarımla sunarım.

İngiltere Bölgesi
Öğrenci Müfettişi

Orhan Faik Gökyay

TDV İSAM
Kütüphanesi Arşivi
No 029-132/5

T E R C U M E

TDV İSAM
Kütüphanesi Arşivi
No 059-132/6

Çocuklara Rehber Yetiştirme Merkezi
(CHILD GUIDANCE TRAINING CENTRE)

NLG/CBG

6, Osnaburg Street
London N.W.1

Sayın Bay SAGAY,

Birkaç gün önce ziyaretime geldiğinizde, Çocuklara Rehberlik Hizmetleri konusunda İngilteredeki çalışmalar hakkında benden yazılı olarak bazı bilgi istemiştiniz.

Önce şunu söylemeliyimki, Çocuk Rehberliği (Child Guidance) denince, Amerikada olduğu gibi bizde de, çocukla öğrenci olduğu kadar, ailenin bir ferdi olarak ta ilgilenen bir ekibin toplu çalışması akla gelmektedir. Bunun içindirki, Çocuk Rehberliği Klinikleri (Child Guidance Clinics), ister bir Eğitim İdaresi ister bir Sağlık İşleri İdaresi kurulmuş olsun daima, bir akıl hastalıkları doktoru (Psychiatrist), bir eğitim ruhiyatçısı (Educational Psychologist) ve bir de Psikiyatrik Sosyal Yardım Memuru (Psychiatric Social Worker) ile teşhis edilmişlerdir. Bu memurların bütün gün çalışmaları şart değildir. Çocuklar kliniğe mutad olarak anneleri ile beraber gelirler, fakat, çocuğun babası isterse veya buna lüzum görülürse, çocuğu hakkında onunla da konuşulur. Teşhis maksadıyla kliniğe yapılan bu ilk ziyarette, çocuğu, eğitim ruhiyatçısının ve akıl hastalıkları doktorunun görmesi adettir. Psikiyatrik Sosyal Yardım Memuru da anne ile konuşur. Bu şekilde çocuğun hissi ve terbiyevi zorlukları muayene edilir, çocukları hakkında ana-babanın görüşleri alınır ve okuldan çocuğun gelişmesinin takip ettiği seyir hakkında bilgi, umumiyetle bu hususta bir rapor istenir. Bundan maksat, gerekli tedavi projelerinin tesbitinden önce, klinik ekibinin, sadece çocuğun durumu ve terbiyevi arızaları hakkında değil, okul ve aile muhitindeki karşılaştığı zorluklar hakkında da tam bir fikre sahip olmasını temindir.

Eğer, sihni bir tedavi tavsiyeye sayansa, çocuk umumiyetle kliniğe haftada bir defa gelir, akliyecisi doktor veya ruhi tedavi mütehassisi (Psycho-Therapist) onunla meşgul olurken, annesi de Psikiyatrik Sosyal Yardım Memurunun yanında bulunur. Eğer, çocuğun tedavisi için hususi bir öğretim lüzumlu ise, bu, ya eğitim ruhiyatçısı tarafından klinikte veya bu hususi yardım maksadıyla okulda alınacak tedbirler vasıtasıyla sağlanır. (Birçok yerlerde eğitim ruhiyatçısı klinikte çalıştığı gibi, okullarda da bu konuda yol gösterici bir vazife görmektedir.)

Çocuk rehberliği kliniklerinde vazife göreceklerin tabii olarak haiz olması lâzım gelen vasıflar şunlardır:

Akilyeci doktor (Psychiatrist) : Tıbbiye mezunu olması ve bundan sonra umumiyetle bir yıl çocuk psikiyatrisi mevzuunda öğrenim görmesi lâzımdır.

Eğitim Ruhiyatçısı (Educational Psychologist): Psikolojide "Honour" derecesi alması (üniversite tahsili), en az üç yıllık öğretim tecrübesine sahip bulunması ve bir yıl da klinikte öğrenim yapması gerektir.

Psikiyatrik Sosyal yardım Memuru (Psychiatric Social Worker): İktisadi ilimler diploması veya derecesini müteakiben bir yıl "Akıl Sağlığı" (Mental Health) kursu görmüş olmalıdır.


Bugün İngilterede bu konudaki talepleri karşılamaya yetecek kadar yetişme kolaylıkları mevcut değildir. Bunun içindirki, çok arzu etmemize rağmen, yabancı memleketlerden gelenleri merkezimize kolaylıkla kabul edemiyoruz. İngiltere içinden veya dışından olup, öğrenim görmek isteyenlerin, ekim ayında başlayacak kurslar için daha ocak veya şubat ayında (9ay önce) müracaatta bulunmaları lâzım gelmektedir. Mesgul olacakları çocuklar küçük ve çoğu zaman telâşlı ve sikkilgan olduğundan yetişmek üzere yabancı memleketlerden geleceklerin kır selis ve tatlı bir İngilizce konuşabilmeleri şarttır. Üniversite üstüne yapılan bu öğrenim esas olarak tamamen pratiktir. Yabancı bir talebenin gelip, yapılanları sadece müşahede etmesini hiçbir merkez kâfi addetmez.

Mektubumun tafsilatlı olması, size bir yardımda bulunmayı istediğimdendir. Merkez bir kişi tarafından değil, fakat bir ekip tarafından idare edilmekte olduğundan, bir kimsenin gelip tek başına Çocuk Rehberliği öğrenemeyeceğini, sanırımki, anlamış olacaksınız. Sizin, daha ziyade ruh iyatçının görmekte olduğu vazifeye ilgi duyduğumuzu biliyorum. Fakat, tek başına çalışan ruh iyatçı, gerçek manada bir hizmet göremez. Ruh iyatçının fiilen faaliyete geçebilmesi için, önce testler üzerinde bir hayli hazırlık çalışmaları yapılması lâzımdır. Zira, bir memlekete göre ayarlanmış olan bu testleri, gözden geçirip, üzerlerinde lüzumlu değişiklikleri yapmadan, bir diğer memlekette kullanmak mümkün değildir. Sözlü testler için de vaziyet tamamen aynıdır.

"Çocuk Bakımı"(Child Care) nı incelemiş olmanıza rağmen,İngilte-
deki ikametiniz esnasında "Çocuk Rehberliği" konusunda yatışememiş ol-
manızın sebebini,umarımki,bir parça izah etmiş bulunuyorum."Çocuk Reh-
berliği", ekibi teşkil eden üç kişinin herbiri için daha ziyade teknik
bir mahiyet arzetyekte olup,normal çocuklarla uğraşmaktan çok daha güç-
tür.

En iyi dileklerle, Saygılar.

İngilizce aşna uygundur.


0.10.1950

(İmza)

copy.

CHILD GUIDANCE TRAINING CENTRE

6, Osnaburgh Street,
London, N. W. 1.

13th August, 1953.

NLG/CBG

Mr. F. Sagay,
c/o The Educational Attache,
The Turkish Embassy,
43, Belgrave Square,
London, S. W. 1.

TDV ISAM
Kütüphanesi Arşivi

No 059-132/7

Dear Mr. Sagay, When you called some days ago, you asked me to write giving some details of training for work in the Child Guidance Services in this country.

First, Child Guidance is understood here, as in the U.S.A. as essentially teamwork, concerned with the child as a member of a family as well as a pupil at school. Child Guidance Clinics, therefore, whether they are actually set up by an Education Authority or by a Health Authority, are staffed by a psychiatrist, an educational psychologist and a psychiatric social worker, although these workers are not necessarily full-time. When children come to a clinic, they are accompanied by one parent, usually the mother, but the father is also interviewed if he wishes to be, or if this seems desirable. On the first visit, for diagnosis, the child is usually seen by the psychologist and the psychiatrist and the mother by the psychiatric social worker. In this way the child's educational and emotional difficulties are examined, his parents are able to give their views, and a history of his development and usually a report from his school are obtained. This means that before plans are made for treatment, the Clinic team has a good idea not only of the child's assets and handicaps, but of environmental stresses at home or at school.

If psychiatric treatment is advisable the child usually attends the clinic once a week, and while he is with the psychiatrist or lay psycho-therapist, the mother is with the psychiatric social worker. If remedial teaching is necessary, this is sometimes given in the clinic by the educational psychologist, or arrangements are made for special help in school. (In most areas, the educational psychologist does advisory work in schools as well as her work in the clinic).

The qualifications of the Child Guidance Clinic staff are normally:-

Psychiatrist - a medical qualification, usually followed by a year's training in child psychiatry.

./.

Educational Psychologist - an honours degree in psychology, at least three years' teaching experience, and a year's post graduate clinical training.

Psychiatric Social Worker - a social science diploma or degree, followed by a year's Mental Health Course.

There are, at present, not enough training facilities to meet the demand in this country; that is why we cannot easily take workers from abroad, much as we should like to do so. It is necessary for those who wish for training, whether they live in England or not, to apply in January or February for training to begin in the following October. It is also essential that those from abroad speak English fairly fluently, as the children with whom they have to deal are often young and always disturbed. The post-graduate training is essentially practical, and no training centre would consider observation enough for a foreign student.

I have written at length because I should like to help. You will, I think, understand that Child Guidance cannot be learnt by one person, because the service is not run by one person but by a team. I know you are interested primarily in the psychologist's work, but a psychologist working alone cannot really provide the service. Before a psychologist can function effectively, a good deal of preliminary work on tests must be undertaken, since those standardised in one country cannot be used without some revision in another. This is especially true of verbal tests.

I hope this letter explains a little why you have been unable to get training in Child Guidance during your stay in this country, although you have been able to study Child Care. Child Guidance, for any member of the team, is more technical and it deals with difficult rather than normal children.

With best wishes,

Yours sincerely,
(Sgd.) N. L. GIBBS

If psychiatric treatment is advisable the child usually attends the clinic once a week, and while he is with the psychiatrist or lay psycho-therapist the contact is with the psychiatric social worker. If remedial teaching is necessary, this is sometimes given in the clinic by the educational psychologist, or arrangements are made for special help in school. (In most cases, the educational psychologist does advisory work in schools as well as her work in the clinic.)

The qualifications of the Child Guidance Clinic staff are normally:
Psychiatrist - a medical qualification, usually followed by a year's training in child psychiatry.

Millî Eğitim Bakanlığı
(yüksek Öğretim Gn.Md.)
Ankara

25 Kasım 1952 tarihli ve 12757 sayılı yazıları karşılığıdır:

Emirlerinin a) Fikrasına toplanmış olan konular eğitimin muhtelif sahalarına tealluk ettiği cihetle, bunlar hakkında tetmin edici malumatı toplamak bir hayli zaman almış bulunuyor. Bir yandan işin çok acele olması, bir yandan da ehemmiyeti, gerekli bilgiyi asıl kaynaklarından toplamak ve satıhta kalmayarak daha tam bir netice almak endişesiyle hareket etmeyi lüzumlu kılmış ve beni hemuz tamamlandığına kani olmadığım bu malumatın, bugüne kadar elde edilenlerini, ulaştırmağa sevketmiştir. Bu konularla, İngilterenin muhtelif şehirlerindeki Üniversiteler meşgul bulunduğu için Londra dışındaki bu müesseselerden ayrıca elde edilecek malumatın ulaştırılmasına devam edileceği tabii dir.

Emirlerinin birinci maddesinin a) Fikrasında toplanmış olan konular için, Londra Üniversitesine bağlı "Institute of Education" in muhtelif şubelerinin başında bulunan profesör ve hocalarla temasa geçilmiş, bu konular üzerindeki konuşmalar neticesinde Çocuk Psikolojisinin İngilterede hemen bütün Üniversitelerde, ilgili olduğu fakültede okutulduğu; meslekî istikametlendirme için "National Institute of Industrial Psychology ve atelyede randıman tespiti ve Teknik Öğretimde istikametlendirme için "The Polytechnic" yahut "Technical College"den daha etraflı malumat alınabileceği, Terbiye Enstitüsünde bu mevzularla ilgilenilmediği anlaşılmıştır. Temasa fırsat ve zaman bulamadığım için bu hususların cevaplandırılması, bunu tâkibedecek yazıya bırakılmıştır. Eri kalan konular, Terbiye Enstitüsünde, 1) İlk Öğretim Metotları ile Okul Öncesi Eğitim ve Öğretimi, 2) Arızalı Çocuklar Psikolojisi ve eğitimi ile düşük ve üstün zekâlı çocuklar Eğitimi, 3) Yetişkinler Eğitimi ve Psikolojisi, 4) İlk ve Orta Okularda program yapma olmak üzere dört ayrı şubede gösterilmektedir. Yalnız gerek Terbiye Enstitüsünde, gerekse bütün İngilterede üstün zekâlı çocuklar işi ele alınmış değildir. Bedence arızalı çocukların eğitimi konusu ile de yine Enstitü meşgul olmaktadır. Bir birinden ayrı ve müstakil bir saha teşkil eden bu konularda ihtisas yapmak istiyen ehliyetli ve tecrübeli öğretmenler, bunlardan ancak birini seçmekte ve o yolda yetiştirilmektedir. Bu konuların hepsinde aynı zamanda ihtisas yapmağa her şube-

2)

nin programı, nazariyat ve tatbikat bakımından o şubeye giren kim-
senin bütün zamanını aldığı cihetle, imkân görülmemektedir.

Terbiye enstitüsüne, diğer memleketlerde de öğretmenler veya öğ-
renciler gelmektedir. Benim temas ettiğim şube başları kendi şubeleri-
ne müraceatın çok uğundan ve yersizlikten ancak pek az Türk öğretmeni
alabileceklerini söylediler. Maalesef her şubenin müraceat zamanı, ka-
yıt ve kabul zamanı başka başka olduğu gibi diğer hususlarda da birbir-
lerinden ayrılmaktadırlar. Enstitünün herhangi bir şubesine girmek için,
ders senesinin başladığı ekim ayından altı ay evvel müraceat etmek
lazımdır. İlk şart dersleri takip edecek, mevzularına aitt eserleri oku-
yup anlayacak, tatbikatlardan sonra münakaşalara iştirak edecek derecede
ingilizce bilmeleridir. Bilhassa okullarda tatbikat sıralarında bizzat
kendilerine sınıf teslim edileceği cihetle, çocukların dilini anlayıp
konuşmak imkânından mahrum olanlar için güç durumlar tevellüt edece-
ğine işaret etmeyi lüzumlu bulurum. Bu arkadaşların sıhhatça da bilhas-
sa sinirleri bakımından kuvvetli olması, nadir de olsa bazı vakalara do-
layısıyla, ehemmiyetle göz önünde bulundurulmalıdır. Gelecek arkadaşların
nihayet 30 - 35 yaş arasında, genç, bu mevzuları ciddiyetle benimsemiş,
tecrübeli ve ehliyetli arkadaşlar arasında seçileceği tabii olmakla
beraber kendilerinde araştırmacı, mevzuunda derinleşmek için her çareyi
bulacak ve her maniyayı yenecek şekilde bir uyanıklık ve cevvaliyet bu-
lunması, intisap edecekleri şubede, kendisine diğerleriyle beraber ve-
rilenlerle iktifa etmeyecek sahasının ufkunu genişletmek azmini taşıma-
sı gibi vasıflara dikkat edilmesi yerinde olur. Mahdut bir hayat çerçe-
vesi içinden birdenbire geniş ve müsbet veyahut menfi bir çok tarafları-
nı yadırgadığımız bir muhit içine girdiğimiz zaman, bunu kavrayıp içimiz-
de doğan bir takım aksülamellere hâkim olacak hamlesi bulunan arkadaşla-
rın tercihi uygun olacaktır, sanırım. Bu öğretmenlerin mesleklerinde en
az beş sene muvaffakiyetle çalışmış olmaları enstitünün herhangi bir şu-
besine girmek için şart koşulmaktadır.

Enstitü bir yandan nazariyaya yer verdiği gibi bir yandan da okulları
klinikleri, müesseseleri ziyaret etmek, tatbikat dersleri verdirmek sureti-
yle, aldığı öğretmenleri iki yoldan yetiştirmektedir. Bir fikir vermeye me-
dar olur kannatiyle, enstitünün düşünün zekâlı kursuna ait bazı notların
tercümesi bu yazıya ilâştirilmiştir.

Enstitünün muhtelif şubelerinin herbirine bir kaç öğretmenin kabul
edileceği ciheti yukarıda işaret edilmekle beraber İngilterede bu cinste
enstitülere dağıtılmak suretiyle kâfi miktarda öğretmenin bölgemizde ye-
tiştirilmelerine imkân vardır.

Terbiye enstitüsünün verdiği muhtelif tahsil vesikaları hakkında daha
vuzuhla bilgi verebilmek ümidiyle, Londra Üniversitesinin terbiye enstitü-
sünün yönetmeliğinden ilgili noktaların tercümesi aşağıya çıkarılmıştır:

(Enstitü ihtisas çalışmalarını şubelerinde aşağıda ki kursları ver-
mektedir:

1.- Eğitimde akademik diploma

2.- Eğitimde M.A. diploması

3. " " Ph.D. diploması

Enstitü, Üniversite talimatnamelerine uymayan bir öğrenciyi kabul
edemez. Bizzat Enstitü'de, namzedin bu kursları takip edebileceğine kanaat
getirmesi gerektiği gibi namzetten bir ehliyet imtihanı geçirmesini de
isteyebilir.

Akademik diploma kursu: Bu kurs en az bir sene tam devamı, yahut iki
sene kısmî devamı icap ettirmektedir. Bu kurs Üniversite mezunları için
daha yüksek bir dereceyi almaya bir basamaktır.

Eğitimde M.A. Diploması: Bu kurs iki yıl tam devamı ve üç yıl da
kısmî devamı icap ettirmekte ve akademik diploma kursunun tamamlanmasında

3)

sonra gelmekte olup ancak birinci ve ikinci derecede mezun olmuş namzetlerin alınması bir kaidedir.

Eğitimde Ph.D.(Doktora) kursu: Bu kursa eğitimde M.A.derecesini almadan kabul e ilebilmek ancak pek nadir ahvalde düşünülebilir. İngiltere dışındaki memleketlerden gelen öğrencilerin durumu eğitimde yüksek bir tahsil yapmışlarsa ayrıca nazarı itibara alınabilir.

Eğitimde akademik diploma almak için Üniversite yöntemiğinde şu kayıtlar vardır:

Bu kurslar şu öğrencilere açıktır:

1.-Eğitimde postgraduate sertifikası almış olanlar (eskiden buna öğretmenlik diploması adı verilmiştir) yahut bir Üniversitenin öğretmen sertifikasını almış olanlar

2.- Üniversite tarafından bu maksatla kabul edilmiş öğretmenlik mesleği için kursu görmüş olanlar ve muayyen meslek imtihanını vermiş olanlar

3.- Yukarıdaki maddelerden birine muadil bir ehliyeté sahip olduğu üniversiteye kabul edilmiş olanlar).

Bu son maddeden faydalanarak Terbiye enstitüsüne devam edene Türk öğretmenler olmuştur. Ancak bu arkadaşlar yukarıda dereceleri belirtilen akademik diploma, M.A. ve Ph.D. kurslarına değil, sadece bunlar için ilk merhale olan akademik diploma kursundan önceki hazırlık kurslarına devam etmiş ve neticede bazı mevzular üzerinde raporlar hazırlamışlardır. Bu raporlar enstitüye kabul edildiği ve namzet lâyık görüldüğü takdirde, icabında bir imtihandan da geçmek suretiyle, kendisinin diploma kursuna devamına müsaade edilmektedir. Yönetmeliğin bu maddesinden gelecek öğretmen arkadaşların istifade etmesi ve emirlerinde kaydedildiği ve hile bazı sahalarda ihtisas yaparak, hiç olmazsa akademik diploma almaları mümkün olacaktır, ümit ederim. Bu diplomanın, şayet bir muadelet tesisine imkân aranırsa Üniversitenin en küçük derecesinden bir ihtisas diploması olarak telakki e ilmesi mümkündür. Enstitüye devam edenlerin, çalışmalarını sırasında dikkati çekecek bir gayret göstermesi, makaleler ve eserler yazarak mesleğinde terakkiler kaydetmesi, ehliyet ve ihtisas sahibi olmak yolunda olduğu tanınması takdirinde Üniversitemin kararı ile daha yüksek kurslara devam ederek M.A. ve doktora dereceleri almaları da mümkündür. Bu tamamıyla, namzedin kendisini göstermesine ve tanıtmasına bağlı bir cihet olarak kalmaktadır.

Netice olarak Londra terbiye Enstitüsünü, ve İngilterenin diğer üniversitelerine bağlı bütün terbiye enstitülerini, bu konularda yetiştirilmek üzere gönderilecek öğretmen arkadaşlar için en uygun müesseseler olarak telakki etmekteyim. Bu takdirde, gönderilecek öğretmenler için, lisan bilmedikleri takdirde, en az bir sen lisan için, bir sene hususi hazırlık kursları için, ondan sonra da bir sene akademik diploma kursu için olmak üzere ve tahsilleri normal bir seyir takip ettiğine göre en az üç senelik- senelik bir zaman verilmesi icap edeceğinin göz önünde tutulması gerekmektedir.

Bu mevzula ilgili olarak, ayrıca Milli Eğitim bakanlığı ile de temas edilmiştir. Bakanlık ta icap ederse bu mevzularda salahiyetli ve ehliyetli öğretmenlerin çalıştığı okullarda ve müesseselerde bizim öğretmenlerimize imkân dahilinde yer vererek , gerekli hiç bir yardımı esirgemeyeceğini bildirmiş bulunmaktadır.

XXXXX

4)

Teknik mevzular için gönderilmesi istenen teknik öğretim müesseseleri hakkında maalesef bu yazıya yetişmeyen malûmata yakında arzedeceğimi ümit ederim.

Bu suretle, emirlerinin 1. maddesinin a, b, ve c fıkraları kısmen eksik olmakla beraber cevaplandırılmış bulunmaktadır.

2. Maddeye gelince umumi psikoloji ve pedagoji için kannatimce Türkiye'de lisans yapmış birini göndermek muvafık olur. Bu, bize zamandan kazanmayı ve gönderilecek kimsenin bir an önce yurda dönüp vazifeyi elâh almasını sağlayacaktır. Ancak bunu benimsemiş ve kendin meslek edinmiş birini bulmak şartıyla. Böyle olmadığı takdirde bir lise mezununu yetiştirmek daha yerinde olur.

Arızalı çocuklar mevzuunda bundan önce taktim ettiğim ilgili raporda belirtmeye çalıştığım üzere çocuk psikolojisi Terbiye enstitüsünde gösterilmekle beraber, bu mevzu burada bir tıp meselesi olara ele alınmakta olup mütehassısları da doktorlardır. Tabii burada bahis mevzuu olan geri zekâlı çocuklardır. Bu sebeple bulunabilirse bu mevzula hususi şekilde alakalanmış bir üniversite mezununun, lise mezununa tercih edilmesi doğru olur.

2. maddenin b fıkrasında (meslekî istikametlendirme) mevzuuna maalesef cevap vermeye, yukarıda da işaret ettiğim gibi kendimi bu gün için hazırlıklı bulmuyorum. Yakında gereken malûmata vereceğimi ümit ediyorum.

C fıkrasında zikredilen Benzin ve Dizel motor ve traktörleri üzerinde mütehassis olarak yetiştirilmek üzere gönderilmesi istenen namze e gelince, bunu temin edebileceğimizi, şimdiye kadar geçenlere istinat ederek, emniyetle söyleyebilirim. Bilhassa Türkiye traktör ve bu neviden motorlar gönderen firmaların fabrikalarında bunu temin etmek mümkün olacaktır.

Gönderilecek namzetlerde aranacak vasıflara gelince: Motorculuk sahasında yetiştirilecek namzedin bir üniversitenin makina şubesinden ziyade bilhassa büyük motor ve traktör fabrikalarında ve daha ziyade pratik sahada yetiştirilmesi ve ona göre bir namzet seçilmesi tavsiyeye şayandır. Netekim burada Ferguson traktör fabrikasında adanalı bir türk çocuğu traktörler üzerine yetişmektedir. Lise mezunu yerine sanat enstitüsü mezunlarından birinin seçilmesi daha münasip olur sanırım. Onun yetişmesi ve işi kavraması daha kolay olacaktır. Mesleğini daha önceden seçtiği için duyacağı alaka ve sarfedeceği dikkat te ona göre olacaktır. Bu motor mütehassısından, ileride, meselâ sanat enstitülerinde bir hocalık değil de bir motor tamirhanesinde mütehassis ustabaşılık gibi bir vazife bekleniyorsa, bir tamir atelyesinin idaresi istenecekse, herhalde sanat enstitüsünün ilgili şubesinin mezunlarından birini göndermek faydalı olur kannatindeyim. Bir çok misallerinde görüldüğü üzere, kabiliyetli lise mezunu öğrencile imiz inkişaf ettikçe, daha yukarı talim müesseselerine intisap yolunu haklı olarak aramaktadırlar. Böyle olduğu takdirde bir motor tamir atelyesinin başına geçmek üzere bir namzedin yetiştirilmesi isteniyorsa onun için, burada fabrikalarda ve onların nazariyata da yer veren bölümlerinde buna imkân bulunacaktır. Bununla beraber daha yakından tedika imkân bulacağım gelecek günlerde bu mevzua tekrar döneceğim.

1. maddesinin üçüncü ve son maddesine gelince bunu tedkike henüz fırsat bulmuş değilim. Çocuk mevzuunun burada her cephesinden ele alınmış olduğunu, bu yoldaki çalışmaların memleketimiz için yeni çalışma

5)

sahaları teşkil edeceğini,ma. rifle ilgili şüphesiz daha bir çok mevzular olduğunu bilmekle beraber bunların tam bir tedkik neticesi ve zamana muhtaç olan hazırlanması son şeklini almadan,müteferrik haberler şeklinde arzında fayda bulmadığım için,beklemek zaruretini hissetmekteyim.

Saygılarımla arz ederim.

TDV İSAM
Kütüphanesi Arşivi
No 089-132/8

Londra Üniversitesi, Eğitim Enstitüsü

Eğitim bakımından geri zekâlı çocuklar konusu üzerinde ihtisas yapmak isteyen öğrencileri yetiştirmek için Eğitim Enstitüsünde bir yıllık bir kurs mevcuttur. Bu kursa umumiyetle yetecek derecede tecrübe sahibi olan öğretmenler devam etmektedirler. Tahsilleri mensup oldukları Mahallî Eğitim Idareleri tarafından tekeffül edilen ve maaşları da verilen bu öğretmenler okullarına döndükleri zaman kendilerinden bu sahada ileri bir faaliyet göstermeleri beklenmektedir. Bu kurslara iştirak eden öğretmenlerin yarısı geri zekâlı öğrencilere mahsus okullarda hocalık eden ve diğer kısmı da ilk ve orta dereceli okullarda geri zekâlı öğrenci sınıflarını okutan öğretmenlerdir. Çeşitli okullardan gelen ve değişik tecrübelere sahip öğretmenlerin bu kurslara alınması münakaşaları daha cazip bir şekle sokmaktadır.

Kurs çalışmaları:

1- Terbiye bakımından geri zekâlı çocukların tedavi prensiplerini esas tutan psikoloji dersleri, güç öğrenen çocukların eğitimi ile ilgili teşkilat, geri zekâlılığın tıbbî ve kanunî cepheleleri, içtimâî ve meslekî bakımdan takdir edilmeleri üzerinde dersler.

2- Çocukların gösterdikleri şahsî güçlüklerin marazî bakımdan teşhisi ve bunların takdiri üzerinde öğretmenlerin yetiştirilmesi,

3- Okulların, klinik ve diğer müesseselerin ziyareti,

4- Tatbikat dersleri.

Ders yılının ilk iki döneminde adaylar haftanın üç gününde Enstitüde derslere ve seminerlere iştirak ederler, yarım gün okullarda tatbikat yaparlar, yarım gün de okulları ve diğer ilgili müesseseleri ziyaret ederler. Bu suretle nazari çalışmalar devamlı bir şekilde müşahede ve tatbikatlarla takviye edilmektedir. Üçüncü dönemde bütün dersler kesilir ve adaylar sekiz hafta müddetle devamlı bir şekilde uygulama dersleri verirler. İmtihanlardan iki hafta önce Enstitüye dönen adaylar son seminerlere iştirak ederler ve bunu müteakip dört dersten imtihan geçirirler.

Cuma
1.30-15

Child Guidance
Clinic,
54, High Street & Cor M

Bus: 40

Albert Squ.

childhood on Madlock

TDVISAM
Kütüphanesi Arşivi
No 089-132

MR. A. J. YOUNG

D. H. Duguid.

CITY OF MANCHESTER EDUCATION COMMITTEE
EDUCATION OFFICES DEANSGATE MANCHESTER 3
N. G. FISHER CHIEF EDUCATION OFFICER BLACKFRIARS 8622

SCH/EBO.

_____ 195 _____

Dear Parents,

Education Act, 1944
Section 34.

I am writing to tell you that the Education Committee consider your child should now be medically examined to find out if he/she is in need of any form of special educational treatment.

The examination will take place at the school clinic _____ on _____ at _____ and you are required to ensure your child is present at that time for the purpose of being so examined. Under Section 34(3) you are entitled to attend the examination, if you so desire, and your presence would be most helpful to the Medical Officer.

If you wish to make any enquiries about this examination and the results which may follow from it, you should write to the Senior Medical Officer, Education Offices, Manchester, 3.

Yours faithfully,
C. METCALFE BROWN.
School Medical Officer.

To the Parents or Guardians of

TDVİSAM
Kütüphanesi Arşivi
No 058-132/10

MANCHESTER

This form is sent where the child is suspected of being ineducable

CITY OF MANCHESTER EDUCATION COMMITTEE
EDUCATION OFFICES DEANSGATE MANCHESTER 3
N. G. FISHER CHIEF EDUCATION OFFICER BLACKFRIARS 8622
Our ref: EMJ/JR/EB.

19

Dear Parents,

Education Act 1944, Section 57.

I am writing to tell you that the Education Committee feel that your child _____ should now be examined by a medical officer of the Committee to make sure whether or not his mental capacity is such that he is capable of being educated at school.

The medical examination will take place at _____ school clinic on _____

at _____ and you are required to ensure that your child is present at that time for the purpose of being so examined. By Section 57(2) of the Education Act 1944, you are entitled to be present at the examination if you so desire.

If you wish to make any enquiries about this examination and the results which may follow from it you should write to the School Medical Officer, Education Offices, Deansgate, Manchester, 3.

Yours faithfully,

To the Parents or Guardians of:

TDV/SAM
Kütüphanesi Arşivi
No 058-132/11

TDV ISAM
Kütüphanesi Arşivi

No 059-132/12

M.I. 190



CITY OF MANCHESTER EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

N. G. FISHER, M.A.
CHIEF EDUCATION OFFICER

Telephone :
BLACKFRIARS 8622

EDUCATION OFFICES,
DEANSGATE,
MANCHESTER 3.

Date.....

Dear Principal Teacher

I have to inform you that the child

.....
was mentally tested and found to be.....
.....

Yours faithfully,

C. METCALFE BROWN

School Medical Officer.

The Principal Teacher

.....Department

.....School

To be completed before the Handicapped child leaves school.

Confidential

YOUTH EMPLOYMENT SERVICE

School-Leaving Medical Report
(Handicapped Boy/Girl)

I

Surname..... Other Names..... **TDV İSAM**
Kütüphanesi Arşivi
School..... **No 089-132/13**..... Date of Birth.....

II

Statement by Parent or Guardian

I agree that this report may be sent to the Youth Employment Service. I understand that the report will be treated as confidential but that it may be disclosed, if necessary, to members of a Disablement Advisory Committee, or Panel thereof, if application is made for registration under the Disabled Persons (Employment) Act, 1944.

Date..... Signature..... (Parent/Guardian)
Address.....

Signature of Witness.....

III In my opinion the above-mentioned pupil should NOT enter any occupation involving :—

- | | |
|--|--------------------------------|
| 1. Heavy manual work | 5. Exposure to bad weather |
| 2. Sedentary work | 6. Wide changes in temperature |
| 3. Indoor work | 7. Work in damp atmosphere |
| 4. Prolonged standing, much walking, or quick movement from place to place | 8. Work in dusty atmosphere |
| | 9. Much stooping |

Y.10

[P.T.O.]

- | | |
|---|--|
| 10. Work near moving machinery or moving vehicles | 15. Handling or preparation of food |
| 11. Work at heights | 16. Work requiring freedom from damp hands or skin defects |
| 12. Normally acute vision | 17. Normal hearing |
| 13. Normal colour vision | |
| 14. Normal use of hands | |

Note—Appropriate contra-indications should be marked with an X

Any other work for which the pupil is unsuitable.....

Other Remarks.....

IV

The above-named child is suffering from (nature of disability).....

and in my opinion this constitutes a substantial handicap in obtaining or keeping suitable employment.
The disability is/is not likely to last for six months.

Medical Officer..... Date.....

TDVISAM
Kütüphanesi Arşivi
No 059-132/14

CITY OF MANCHESTER EDUCATION COMMITTEE

M.I. 253

HANDICAPPED PUPILS (CERTIFICATE) REGULATIONS, 1945

FORM 1 H.P.

(Certificate Prescribed by the Minister of Education under Section 34 (5) of the Education Act, 1944.)

Name and address of child submitted for medical examination under Section 34 of the Education Act, 1944.

A. B.

Having examined the above-mentioned child in pursuance of Section 34 of the Education Act, 1944, I hereby certify that he/she is suffering from a disability of mind/body of the following nature and extent :—

Educationally Sub-normal
Intelligence Quotient 65.

In my opinion the nature and extent of the child's disability is such as to cause the child to fall within the following category/categories of pupils requiring special educational treatment as prescribed by the Handicapped Pupils and School Health Service Regulations, 1945 :—

Educationally Sub-normal . Regulation 3 (g)

Signed

Medical Officer,
Education Offices,
Manchester.

Dated 25.2.53

The Magistrate require this form to be completed in the case of a child coming before the Courts and they require a full medical report on him.

CITY OF MANCHESTER CHILDREN'S COMMITTEE

Approved School Order :
Record of Information

Place of Examination

E. MEDICAL REPORT on (name of boy or girl)

Is he (or she) generally sound and healthy ?

Has he (or she) full use of —

- (a) all limbs ?
- (b) eyesight ?
- (c) hearing ?

Is there any history of fits ?

Is his (or her) mental ability normal having regard to age ?

(If the question cannot be answered in the affirmative full information should be given as to mental condition and grading with a statement (if possible) either of the mental age or the intelligence quotient).

Does he (or she) suffer from incontinence of urine or faeces ?

Is he (or she) free from any cutaneous disorder ?

(If not, state the nature of disorder)

Is there any sign of tubercular disease ?

(If so, the extent of any further examination and its results should be stated)

Is there any sign of physical or mental abnormality, not coming under the above headings ?

I certify that I have this day examined the above-named boy (or girl) with results shown in this report.

Signature

CHILDREN'S OFFICER,

Medical Officer

Date

[P.T.O.]

TOWN HALL,
MANCHESTER, 2.

TDV ISAM
Kütüphanesi Arşivi

No 059-132/15

To be completed by the Head Teacher.

Form 3 H.P.

MINISTRY OF EDUCATION

TDV İSAM
Kütüphanesi Arşivi
No 059-132/16

Local Education Authority.

This Form of Report should be completed in the case of educationally sub-normal children attending Primary or Secondary Schools as a preliminary to their examination by a Medical Officer approved by the Minister under Regulation 53 of the Handicapped Pupils and School Health Service Regulations, 1945.

Form of Report by Head Teacher on an educationally sub-normal child as prescribed by Regulation 2(b) of the Reports to Local Authorities (Records) Regulations, 1946.

1. NAME OF CHILD.....

Date of birth..... Age yrs..... months

2. NAME AND ADDRESS OF THE PARENT OR RESPONSIBLE GUARDIAN.....

3. PARTICULARS OF SCHOOL ATTENDANCE. (It is important that these should be recorded carefully including so far as practicable the causes of prolonged absence, if any. Period spent in each School including the Infants' Department should be stated)

4. SCHOLASTIC ATTAINMENTS :—

(a) Reading. Cross out every word in the appended list which the child fails to read :—

to is of at he my up or no an
his for sun big day sad pot wet one now
that girl went boys some just told love water things
carry village nurse quickly return known journey terror obtain
tongue shelves scramble twisted beware commenced scarcely belief
steadiness labourers serious.

If unable to read any of these words, can the child name or sound any letters ?.....

(b) Writing. Can the child copy from the blackboard or from a printed book ?.....

If so, append, if possible, an actual specimen of the child's handwriting.

Please ask the child to write down the following and append the actual specimen. (Each sentence should be read completely through before the child attempts to write. Then read the portion over again, very slowly, in phrases of two or three words, repeating each phrase a second or even a third time after an interval of about two seconds) :—

It is on a cat, but not a dog. I saw her run by in the wet. She came to seek or steal a bird's nest in the grass. The cruel little kitten.

Note.—It is most important that children should have no previous warning of the words they are to be asked to read or to write. (OVER

(c) **Arithmetic.**

Can the child do—

- (i) addition of units or tens?.....
- (ii) subtraction of units or tens?.....
- (iii) more advanced work? (specify).....

If unable to do above, can the child count?.....

If so, to what number?.....

Has the child practical knowledge of money?.....

(d) **Drawing and Practical Instruction.**

State as clearly and concisely as possible what the child can do.....

Append, if possible, an actual specimen of the child's drawing, including his attempt to draw a man.

(e) **Standard or Class.**

State (i) with children of what age the child is actually working.....

(ii) to what age his attainments correspond.....

(f) **Recent Progress.**

What progress has the child made during the last twelve months?.....

5. **BEHAVIOUR AND DISPOSITION :—**

- (a) Is the child of solitary habits?.....
- (b) Does he associate with other children, of his own age, or younger?.....
- (c) Is he able to join intelligently in school games?.....
- (d) Does he ever lead at play?.....
- (e) Is the child amenable to ordinary school discipline?.....
- (f) Is he obedient,..... affectionate,..... spiteful,..... destructive,.....
bad tempered,..... aggressive,..... unduly timid,..... easily led?.....
- (g) Does the child show any bad habits? (e.g., pilfering, lying, habitual truancy).....
- (h) Is the child clean in personal habits?.....

6. **HOME ENVIRONMENT :—**

Under this heading the Head Teacher is requested to give any information with which he is acquainted concerning the child's home and family history.....

Signed School

Department Date.....

FORM OF REPORT ON CHILD EXAMINED FOR A DISABILITY OF MIND

as prescribed by Regulation 4 of the Reports to Local Authorities (Records) Amending Regulations, 1949.

Local Education Authority.....

N.B.—Part I of this form must be completed first in all cases. Part II must be completed before Part III unless both Part II and Part III are completed by the Medical Officer signing Part III.

PART I
GENERAL HISTORY

TDVISAM
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No 028-132/17

This part is to be completed and signed by an officer of the Local Education Authority or by the Medical Officer signing Part III.

1. Surname of child (block letters)..... Other names.....
Sex..... Religious Denomination..... Date of Birth.....

2. (a) Name and address of parent or guardian.....

(b) If child does not normally live with parent or guardian, state here name and address of person in whose care he is :—

3. School Attendance

(a) Present School	Date of admission	Regularity of attendance
.....

(b) Previous schools *	Date of admission	Date of withdrawal
.....
.....
.....

(* If dates are not available, approximate period of attendance should be given.)

(c) If the child is not now attending any school, state reasons for non-attendance :—

(d) Record here any important facts of the child's history (e.g. at school, appearance in court, absence from home, etc.).

4. Home Conditions

.....

5. Any relevant history concerning parents and other relatives

.....

To be signed by the Medical Officer or other Officer of the Local Education Authority.

{ Official position under the L.E.A.

Signature..... Date.....

PART II
 INTELLIGENCE TESTS

This part is to be completed and signed by an Educational Psychologist or by the Medical Officer signing Part III.

6. (a) Record below the results of individual verbal tests, specifying the tests used (e.g. the Terman-Merrill scale).

Name of Test								Pass	+						
								Fail	-						
Sub test	1	2	3	4	5	6	Alt.	Sub test	1	2	3	4	5	6	Alt.
Age II								Age IX							
II - 6								X							
III								XI							
III - 6								XII							
IV								XIII							
IV - 6								XIV							
V								Average adult							
VI								Superior Adult	I						
VII							II								
VIII							III								

Mental Age (m)..... Actual Age (a)..... Intelligence Quotient $\left\{ \frac{m}{a} \times 100 \right\}$

(b) Record here or on separate sheets the results of one or more individual performance tests, specifying the tests used, e.g. Drever-Collins Performance scale, Alexander's scale, Porteous Maze Test, projection tests, attainment tests, etc.

.....

6. (c) General observations of the educational psychologist (if Part II is completed by him)

.....
.....
.....
.....
.....

A. Psychologist

Signature..... Qualifications

Official position (if any) under the L.E.A.

Date.....

Delete A or B

B. Examining Medical Officer

PART III

REPORT OF EXAMINATION

This part must be completed and signed by a Medical Officer approved by the Minister of Education in connection with the Authority's arrangements for the ascertainment of educationally sub-normal pupils.

7. Date of examination..... Place of examination.....

8. Personal History

(a) Birth : injuries, prematurity, etc.....

(b) Commencement of :—

Walking Control of Bladder.....

Speech Control of Rectum.....

(c) Serious illnesses or accidents (Give year and length of time in bed).....

(d) Number of brothers and sisters (alive and dead)..... Position in family..... Number dead.....

(e) Any further relevant information obtained by the examiner from the parent(s), guardian(s) or relative(s) (e.g. can child guard himself against common dangers ; feed, dress and wash himself ; run errands ; find his way about alone ; is he incontinent ?)

.....
.....
.....

9. Examiner's impression of parent(s), guardian(s) or relative(s) (if present).....

.....
.....

10. Physical Examination

- (a) Vision
- (b) Hearing.....
- (c) Speech
- (d) Motor mechanism (posture, gait, paralysis, etc.).....
- (e) Any signs of incontinence.....
- (f) Epilepsy or any nervous disorders.....
- (g) General physical condition, with observations on any defect of importance (in particular any defect of hearing).....
-
-
-
-
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-

11. MENTAL EXAMINATION

(a) General Knowledge, Interests, and Capabilities

- (i) Observations on the child's general knowledge, awareness of his surroundings and interests as revealed in conversation with the examiner

.....

.....

.....

.....

.....

- (ii) Record here any actions of the child during the examination indicative of his capabilities, e.g. ability to carry out simple commands, facility in handling objects, etc.

.....

.....

(iii) Skills and Attainments :—

Expression by means of speech.....

Reading

Writing

Number

Money calculations

Drawing

Manual Skills.....

Other skills and attainments.....

- (iv) General conclusions of the examiner under this heading (the information in Part II, and on Form 3 H.P. if available, should here be taken into account)

.....
.....
.....
.....

(b) Social and Emotional Characteristics

- (i) Impressions formed at the examination :—

.....
.....
.....

- (ii) Describe any behaviour at the examination indicative of emotional instability or psychological disturbance :

.....
.....
.....

- (iii) General conclusions of the examiner under this heading (the information in Part II, and on Form 3 H.P. if available, should here be taken into account).

.....
.....
.....
.....

12. Information available to the examiner at the time of the examination

(a) Report on Form 3 H.P. dated

(b) School records (i) Educational

(ii) Medical

(c) Other records attached to this report, e.g. report of Child Guidance Centre, result of earlier intelligence tests etc. (specify) :—

.....
.....
.....
.....
.....

13. Advice to the Local Education Authority (Complete A or B or C)

A In my opinion this child, who is capable of receiving education at school,

(i) ~~is~~
~~is not~~ educationally sub-normal

(ii) ~~is~~
~~is not~~ maladjusted

and I recommend the following special educational treatment :—

*transfer to the — Special School for Educationally Subnormal Pupils
= section 34/4 Education Act 1944*

B In my opinion this child :— (underline the heading applicable)

(i) is incapable of receiving education at school = *57/3 Education Act 1944*

(ii) is incapable of receiving education at school on the ground that it is inexpedient that he/she should be educated in association with other children = *57/4 Education Act 1944*

(iii) requires supervision after leaving school = *57/5 Education Act 1944*

The following comments are for the information of the Local Health Authority :—

.....
.....
.....

C In my opinion a decision under A or B above should be deferred. I recommend* :—

.....
.....
.....

* e.g. that the child should be referred for a specialist physical examination ; that the child should be kept under observation at school and re-examined after a period ; etc.

(Signed)

Medical Officer approved by the Minister of Education in connection with the arrangements of the Local Education Authority for the ascertainment of educationally sub-normal pupils.

Qualifications as Medical Practitioner.....

Date.....

CORPORATION OF GLASGOW—EDUCATION DEPARTMENT

STRUCTURE OF SYSTEMS PROVIDING FOR THE EDUCATION AND WELL-BEING OF CHILDREN AND ADOLESCENTS

The school population is approximately 178,500

W1975

STAGE	EDUCATION			HEALTH		CHILDREN'S DEPARTMENT	JUDICIARY		VOLUNTARY BODIES (not comprehensive)
	Schools	Welfare	Recreation	Local Health and Welfare Department	Regional Hospital Boards		Local	National	
Pre-School (under 5 years)	37 Nursery Schools (1 Residential) (2-5 years)			17 Ante-Natal and Child Welfare Centres 2 Child Welfare Homes 16 Day Nurseries (children under 2 years)	Caldwell House (-16 years) Ineducable and Untrainable Royal Hospital for Sick Children (-12 years)	Duty of Children's Officer —care and protection of children deprived of normal home life 3 Babies' and Toddlers' Homes			2 Baby Homes (Religious bodies) 1 Mother and Baby Convalescent Home
Primary School (5-12 years)	182 Primary Schools 16 Residential 3 Normal 3 Phys. Handicapped 2 Convalescent 5 Hospitals * 1 Maladjusted 2 Deaf and Blind 33 Schools for Handicapped 9 Occupation Centres * 12 Child Guidance Clinics	Free Milk to all school children ($\frac{1}{2}$ pint per day) 285 Dining Centres 58,000 dinners daily Boots and Clothing 26 Hygiene Centres	9 Play Centres 50 Junior Clubs Holiday Camps	16 School Clinics treating general skin, eye and ear diseases, refraction, orthopaedics, and artificial light treat- ment and therapeutic X-ray 16 School Dental Clinics Home care of Ineducable and Untrainable Routine Medical Examination of all children at 5, 9, 14 and 16 years	Lennox Castle (7-16 years) Defective Delinquent (Boys) St. Charles (Carstairs) Defective (Boys) St. Joseph's (Rosewell) Larbert Institution Defectives (all ages)	2,000 Children boarded with families 450 Legally adopted yearly 9 Children's Homes	1 Remand Home 27 Probation Officers 1 Approved School Boys (9-14 years) 7 Superin- tendent's Courts (no recording)	3 Junior Approved Schools 7 Intermediate Approved Schools	Bridge of Weir Homes , 2,000 children and Epileptic Colony Eastpark Home (infirm children) Westerlea (Spastics), Edinburgh 1 Child Guidance Clinic (N.D.) 2,000 (approx.) Junior Organisa- tions 3 Orphanages (Religious bodies)
Secondary School (12-18 years)	Home Tuition (50 cases) 47 Secondary Schools 1 Agricultural School 1 Pre-Nursing College	7 Cleanliness Inspectresses	40 Youth Clubs Youth Club Camps	Audiometric Unit	Waverley Park (7-16 years) Defective (Girls)	120 Youth (Boys and Girls) in Voluntary Hostels	Police Court Sheriff's Court	7 Senior Approved Schools	3,000 (approx.) Senior Organisa- tions 3 Girls' Homes (Religious bodies) Lochburn Home (Delinquent girls)
Post Day School (from 15 years)	1 Junior College 12 Full-time Day Courses (Vocational) 16 Part-time Day Courses (Vocational) 276 Classes (Vocational) in 28 centres Bursaries and Main- tenance Allowance— all professions	4 Community Centres 261 Lectures to Clubs	64 Classes on various subjects	Care and supervision of mental defectives over 16 years	Lennox Castle (16+ years) Defectives			3 Borstals	4 Training Centres (Girls 15+ years) 8 Working Boys' Homes 800 (approx.) Youth Organisations

Director of Education
129 Bath St.
Glasgow, C.S.

TDVISAM
Kütüphanesi Arşivi
No 059-137/18

St Andrew's House.
Scottish Education Dept
Edinburgh

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3 - بی قده بی برونه ایچمه بی ممکنه ...
 بر قده بی ...
 د نه بی ...
 اولاجی ...

4 - مکنه استق منه بیوم : برایت ، کتبی برونه ایچمه بی ای قده بی برونه ایچمه
 قده بی ...
 بی قده بی ...

5 - ایچان تتی ، بی ممکنه ...
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GLASGOW CORPORATION EDUCATION DEPARTMENT

CHILD GUIDANCE SERVICE

TDV ISAM
Kütüphanesi Arşivi
No 059-132/20

The Glasgow Corporation Child Guidance Service was first established in 1937 in the east end of the city. Two voluntary Child Guidance Clinics then existed in the west-end - Glasgow University Educational Clinic, attached to the Education Department of the University, and Notre Dame Child Guidance Clinic attached to the Notre Dame Training College for Catholic Women Teachers. The Glasgow University Educational Clinic has been discontinued but a Research Clinic is to take its place. Notre Dame Child Guidance Clinic continues in a voluntary, independent status but is strongly supported by the Corporation.

The Corporation's own Child Guidance Service now comprises:-

Four Main Clinics

1. Child Guidance Clinic, 194 Renfrew Street, Glasgow, C.3.
2. Child Guidance Clinic, 53 Greenhead Street, Glasgow, S.E.
3. Child Guidance Clinic, 102 Copland Road, Glasgow, S.W.1.
4. Child Guidance Clinic, 13 Lethington Avenue, Glasgow, S.1.

Each of the four main clinics has a Senior Psychologist in charge with 3, 4 or 5 assistants and serves a wide area of the city proper. These are all self-contained buildings with 8-12 rooms.

Seven Subsidiary Clinics

1. Child Guidance Clinic, Cloberhill School, Gt. Western Boulevard, Glasgow, W.3.
2. Child Guidance Clinic, St. Cuthbert's School, Hobart Street, Glasgow, N.
3. Child Guidance Clinic, Petershill School, Petershill Road, Glasgow, N.
4. Child Guidance Clinic, Shettleston School, Old Shettleston Road, Glasgow, E.2.
5. Child Guidance Clinic, Haghill School, Marwick Street, Glasgow, E.1.
6. Child Guidance Clinic, Craigton School, Morven Street, Glasgow, S.W.2.
7. Child Guidance Clinic, School Clinic, 20 Harriet Street, Glasgow, S.3.

The seven subsidiary clinics are distributed in a ring round the city serving outlying or new housing areas. Several are actually accommodated in school buildings. They consist of 1, 2 or 3 rooms and one fully qualified Psychologist is on full-time service in each.

One Residential Clinic

1. Nerston Residential School and Clinic, near East Kilbride.

The Child Guidance Service is essentially an educational service. All Psychologists are experienced teachers and all Psychiatrists are members of the School Medical Service.

The/

The clinics work in close association with the schools, each clinic having stated schools assigned to it and, as well as examination and treatment of children, the Psychologist in a clinic is responsible for all psychological services required by the schools in the area. The Clinic Service is also closely linked with other municipal services so that every form of care and treatment can be made available, if required.

A considerable amount of the work of the clinics is done actually within the schools. Many children are examined in their own schools and teachers are always consulted regarding their opinion of the child and encouraged to co-operate in his treatment. As a general rule, attendance at clinic is only once or twice weekly and after the initial investigation the treatment period is usually half an hour. In this way the child's schooling is carried on under normal conditions while he is under treatment.

Nerston Residential School and Clinic was established in 1940 as an Evacuation Centre for children who were too difficult to billet in private homes, residential schools or hostels. It has continued and developed as part of the Child Guidance Service. Admission and discharge are controlled by the Clinical Psychologist and the Chief Psychiatrist. All children admitted to Nerston must first pass through a day clinic where the case is fully investigated and as far as possible diagnosis of condition made and line of treatment decided. A folio with full details accompanies each child on admission. Residence in Nerston may be any period between three and twelve months. Cases are discharged to their original clinics and attend them weekly for a period, then report monthly. Later check-up is done through the schools. Nerston is staffed entirely from the Child Guidance Service. The clinicians take it in turn to go into residence there for six months at a time and to act as both teachers and clinicians during that period. In this way, treatment is carried on twenty-four hours a day in all activities and school conditions and tuition are graded and controlled for each individual.

Clinical Training

In the Glasgow Child Guidance Service most treatment is carried out by Psychologists who are trained within the Service. The Psychologists are recruited from Glasgow Schools. Each possesses a University Degree (Arts or Science), Teacher's Certificate and a minimum of five years teaching experience and an Honour's Degree in Education and Psychology, Ed.B., (a four years University Course, including an original thesis). Each has had two years training in Child Guidance in addition to the above. Psychologists in training have the same qualifications except that some have not yet graduated Honours in Psychology and Education but are in the process of doing so and they are undergoing their two years training concurrently. Fifty-nine Psychologists have so far passed through the Service.

TREATMENT IN NERSTON

Admission

All ages, 5 years to 14 years. Boys and girls, all social classes, all religious persuasions. Cases come through city clinics. Full history, results of investigations, diagnosis and notes on treatment to be followed, are sent with each case.

Keynote of Treatment

- (1) Emphasis on normal rather than abnormal.
- (2) Deal with a child, rather than treat a case.

Difference between Nerston and other Residential Schools

- (1) Nerston child is a specially studied individual.
- (2) Problems are greater than can be handled in an ordinary school.
- (3) Natural cohesion of a group much more difficult as neurotics are intensely individual.

Why Nerston?

Children are sent to Nerston because:-

- (1) Day clinic has failed.
- (2) Parent and child, involved in emotional "vicious circle".
- (3) Unknown factor in child's personality.
- (4) Unknown factor in environment.
- (5) Neurotic habits pattern too strong to break without drastic measures - removal from home.
- (6) Serious traumatic experiences.
- (7) Grossly unstable or pre-psychotic.

Symptoms

Fears, night-terrors, sleep-walking and other anxiety symptoms; excessive restlessness and irresponsibility, instability of temperament, infantile, behaviour, weepiness, soiling, enuresis, food faddiness and gluttony, aggressive and quarrelsome behaviour, temper tantrums; cruelty, exhibitionism, inhibited, solitary or asocial reactions; truancy, wandering, backwardness; theft, lying, destructiveness, sex offences.

What we try to do

- (1) Rehabilitate mentally.
- (2) Re-condition habits and reactions.
- (3) Develop individual potentiality.
- (4) Strengthen their faith in and enjoyment of life.

How we do it

- (1) Accept as he is, understanding as well as knowledge.
- (2) Encourage towards own potential.
- (3) Deprive of all satisfaction from symptoms.
- (4) Restrain anti-social and primitive reactions.
- (5) Compel obedience to minimum rules.
- (6) Give sympathy and affection, not material things.
- (7) Accept as persons in own right.

Principles and Techniques/

Principles and Techniques

All usual techniques in psychotherapy are used. Individual tuition is given in the classrooms. Special techniques have been developed for dealing with particular situations. These were evolved by a method of trial and error over many years. No two cases are alike though frequently there are similarities. The principle of treatment is to relieve mental suffering for now and later on but to interfere as little as possible with the personality of the child. All the children are maladjusted personalities but they are still children and malleable. Most individuals have gone through periods of maladjustment in the course of development and received 'treatment' in the process of ordinary living. Where conditions were unfavourable that treatment was often painful. Where conditions were favourable temporary maladjustments were outgrown. In Nerston the environment is made as favourable as possible by giving security of both affection and discipline and a number of cases make spontaneous recoveries with little extra 'treatment'.

Period of Treatment

Three months minimum - twelve months maximum.
Average five to six months.

CMM/MHD
29.8.52

CORPORATION OF GLASGOW - EDUCATION DEPARTMENT

CHILD GUIDANCE SERVICE

TRAINING OF PSYCHOLOGISTS

TDV İSAM
Kütüphanesi Arşivi
No 059-132/21

There is no official training course in Scotland for educational or child psychologists. The Degree of Bachelor of Education (Ed.B. or B.Ed.) of the Scottish Universities is a recognised qualification in psychology but provides only limited practical experience. In most areas the principal educational psychologist is responsible for the professional training of his or her staff if they have not had practical experience elsewhere.

In Glasgow there is a two years' training scheme under the Corporation's Child Guidance Service but there is no certificate, recognition simply being accorded by official appointment to the child guidance staff.

The Glasgow regulations are as follows:-

Applicants for posts as assistant educational psychologists must be graduate teachers with teacher's certificate (following an eighteen months' training course) and a minimum of five years' experience of class teaching which must include primary work. The applicants must also possess the Degree of Bachelor of Education. This course is two years full academic course or four years part-time course. Most students take the classes under the part-time scheme while completing the required period of teaching experience. The subjects are:-

Part I Principles of Psychology with laboratory practice.
History and Theory of Education.
Educational Methods.
Physiology and Hygiene.

This Part I constitutes the Diploma of Education.

Part II Educational Psychology with laboratory practice
(Advanced course).
History and Theory of Education (Advanced course).
Two special subjects of study selected from a prescribed list.
A written thesis detailing an approved piece of research on an educational or psychological subject.

Examinations for the Degree are on the honours standard and only first and second class honours are granted.

Successful applicants in Glasgow are transferred from classroom teaching to the Child Guidance Service for a probationary period of two years. Lectures on clinical procedure, techniques of investigation, remedial methods, psychotherapy and psychopathology are given weekly and with case conferences and discussion groups extend to seventy-five hours per session. Trainees work under the direct supervision of experienced clinicians, cases are selected/

selected and graded for them, and their work checked daily or weekly. They serve for six months as junior members of the staff at Nerston Residential Clinic and School and as well as clinical duties have to teach a class of about twenty difficult children by individual methods. At six month intervals they are given individually a practical and oral examination by the Principal Psychologist. During the training period they are paid as teachers and on satisfactory completion of the course they are automatically appointed as psychologists in the Service.

Sixty-two teachers have so far received this training and four are at present under tuition. Forty-seven have completed the course satisfactorily. Nineteen past members of Glasgow child guidance staff now hold promoted posts out-with the Service. Two have failed to reach the necessary standard after full training. Sixteen others have left the Service before completion of the two years period either because they were advised they were unsuitable for child guidance work or because they obtained posts where their academic qualifications as psychologists were acceptable without professional training.

CMM/MHD
31.3.52

CHILD GUIDANCE
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