

Correspondence

THE FOURTH MEMBER OF THE CHILD GUIDANCE TEAM

DEAR SIR,—The team of Child Guidance Workers is usually described as consisting of three members: the psychiatrist, psychologist, and psychiatric social worker. There is, however, a fourth member whose help is indispensable for an efficient function of a Child Guidance Clinic, but whose importance for the work is not yet fully recognized: the clinic secretary.

The administrative side of Child Guidance work is very important, and considerable technical skill in shorthand, typing, filing and statistical registration is required for it. However, office work is not all a secretary has to do, but only one aspect of the work.

The clinic secretary also acts as appointments officer. Interest in and understanding for the problems of the patients are necessary to do this work successfully. As appointments officer the clinic secretary will often be the first person of the team to come in contact with parents and children; the manner in which she introduces them to the clinic and deals with them can sometimes play a noticeable role in the treatment. As a matter of fact, the way in which she discusses and explains questions which are frequently asked of her in the waiting room or the office amount sometimes to psychotherapeutic assistance. In a Child Guidance Clinic, as in any psychotherapeutic clinic, every word which is said to patients can have therapeutic

significance as psychotherapy in these clinics is mainly verbally conveyed help.

Special personal qualities are thus required from the clinic secretary far exceeding technical efficiency in office work. The notes written by the other members of the staff on the patients and many reports and letters contain often highly intimate and confidential material. Personal maturity and absolute reliability is therefore needed from the secretary. Tact in dealing with suffering and often difficult persons, adults and children, is required, as well as personal keenness to help them.

The requirements for the work of clinic secretaries of Child Guidance Clinics are as high as can be in any medical clinic. Yet the status of this work as regards salary, promotion and holiday arrangements especially for the younger age groups is still considerably lower than that at many other clinics. This threatens to lower the qualifications of the candidates applying for these posts, and therefore the efficiency of the whole Child Guidance work.

May I point out that it is in the interest of the Child Guidance Service to reconsider and raise the status of the fourth member of the team: the Clinic Secretary.

Yours, etc.,
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THE PLACE OF THE MENTALLY HANDICAPPED CHILD IN SOCIETY

DEAR SIR,—There has grown up a body of law in this country with regard to the care and education of mentally handicapped children based upon the assumption that there are three categories of children: normal, educationally subnormal, and mentally defective.

All who have had anything to do with the categories regarded as subnormal will know from experience that the position is far from satisfactory. The fact that many thousands of children under this system are left "out in the cold" may at various times be attributed to the war, to pre-war neglect, to lack of building and staffing facilities and so on. But the underlying cause would appear to be the attitude that these children are not worth spending money on because they are "ineducable" and will in any case not be able to "plough back" into the communal coffer what has been spent on them.

The purpose of this letter is to submit a case for re-grouping the children on more realistic lines. The horizontal division between the "normal"

and the "subnormal" ignores more important vertical divisions. There are three categories of people—normal, physically handicapped and psychologically sick. Within these divisions, people may be of high, medium and low intelligence, but their actual performance is determined not just by immutable intelligence quotients, but by the accidental or environmental influences of their physical and mental health.

Visiting Special Schools, Occupation Centres and Institutions, one can see that there are many children who do not fit tidily into the environment. There is a great need for residential hostels, for instance, for children who are so severely maladjusted or deranged that they are unable to take advantage even of Occupation Centres inside Institutions (and even though their intelligence might be of Special School standard) and have to be kept with adult deranged patients.

At the same time, those children who are normal in their social responses and well able to live with

their families and play games with ordinary children should not be segregated in residential Homes and Schools, but should be enabled to attend Special Classes and Centres attached to ordinary schools.

Children who are physically handicapped by cerebral palsy, etc., or by partial sight or hearing, should have medical, surgical and educational treatment for those defects, irrespective of the alleged level of intelligence. Special Schools—residential where necessary—should be provided for all grades of the physically handicapped, because this kind of defect produces a social maladjustment and mental backwardness which may obscure the innate abilities of the child.

It is unfortunate that the Census Form recently issued does not provide for the collection of specific information about handicapped persons. The Ministry of Health's Advisory Council for the Welfare of the Handicapped has issued Survey Forms which may be distributed through County Council Welfare Committees, but it appears that not many counties are co-operating wholeheartedly in this enterprise. It is still impossible to state definitely how many handicapped persons, including children under 16, there are in the community, and until this information is available, it is a simple matter for a local authority to postpone adequate provision on the grounds that there is "so little demand".

In certain parts of the United States, it is laid down that every school district with a child population of 900 or more *must* provide Special Schools for the handicapped children in its area. This is

presumably based upon ascertainment figures which are taken as an average for the community. In this country the rate of ascertainment is still a matter for local whim and fancy, and is probably in no area a really accurate measure of the need for special provision.

There is, in addition, an artificial dividing line between what is called "education" and what is called "training". Dictionary definitions of education include training, even of animals, and visits to Nursery Schools provided for normal children under the Ministry of Education provide convincing proof that reading, writing, and mathematics can be omitted from the curriculum without destroying the essential educational quality of the training. Different types of education should exist in the nursery and primary stages, as they do now in the secondary stage, side by side and with "parity of esteem".

It seems clear that the present set-up is based upon an old-fashioned idea that it is permissible to ignore and neglect a substantial portion of the population if no useful purpose, measured in terms of pounds, shillings and pence, can be found for them. Such a concept is out of place in this day and age, and we should begin to reconsider existing provision, or lack of it, for our handicapped brothers and sisters, in the light of modern thought about the purpose of life and communal responsibility.

Yours, etc.,
JUDY FRYD.

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