

This article is from the August / September 1995 (Vol.4 No.4) issue of Human Communication magazine (now Speech & Language Therapy in Practice). It is reprinted in 2005 to mark the Diamond Jubilee of the Royal College of Speech & Language Therapists.

The College's GOLDEN AGES 1945-1995

In this Golden Jubilee Year of the Royal College of Speech and Language Therapists, six therapists discuss their experiences of the profession and hopes for the future...

From 1945

ON my 70th birthday recently my grandson remarked with the innocence of his four years, "You're very old grandma!" It's now 50 years since I gained my diploma from the West End School of Speech Therapy, where Mrs Hudson Smith (née Pick) was the Principal. This is now the National Hospitals College of Speech Sciences.

At that time the course lasted two years but I had to fill in a third with various placements because the College of Speech Therapists had become involved in overseeing training and decreed that people could not qualify until they were 20. I remember one of these placements was with Miss Edna Butfield at Bangour Hospital near Edinburgh working with people who had head injuries.

There were only five of us on the course. With good teaching we felt we had a grounding in neurology, anatomy, physiology, psychology, phonetics and speech pathology. We also joined the students from Central School where Miss Van Thal was Principal of the Speech Therapy School for some lectures. She was another great character and pioneer of the profession. It is amazing to think that linguistics didn't come along until the 1960s as it has made such a difference to knowledge and practice. How we used to wish for more in-depth knowledge!

My main memory of the war years was the bombing and swotting under the stairs in Kent; there may have been a war on, but we had exams to pass! One clinical placement I had was in Maidstone. On one occasion I can remember the incessant sound of planes flying over and we realised that the invasion of Europe must have begun.

I have worked in such a variety of settings with people with all kinds of communication difficulties that it is difficult to pick out a few for special mention. My first job in Twickenham was based in a child guidance clinic and although I was very much alone as a speech therapist the support from the other staff was welcome. From there, I was privileged to move to the newly

opened Moor House away from the constant problem of awful waiting lists, which always threatened to overcome you. It was stimulating to work with other therapists and students and with teachers with far fewer children for longer periods.

With the increased knowledge people have now, it is almost inevitable that therapists have to specialise. We thought at the time our treatment was structured but the tests and programmes available now are clearly much more so. We always seemed to be preparing material and evolving our own simple tests to check progress as there were few standardised tests available when we were training.

I am full of admiration for the way the profession has developed over the past 50 years and trust that the members of the Royal College of Speech and Language Therapists will see further development and fulfilment of their vital work during the next half century.

The author wishes to remain anonymous.

To the 1950s with Ann Dyble...

FOLLOWING a disastrous attempt at architecture, the career chosen for me by my father, I wrote in desperation to Miss Kingdon-Ward of the eponymous speech therapy school. By 1967, two or three A levels were entrance requirements. In the 1950s, a school certificate matriculation and a chat with an interested Head of School sufficed. This particular Head surveyed me with piercing blue eyes, a blue ribbon in a band finishing in a small bow on her very white hair, white clinician's coat covering her small, frail body. She looked kindly upon me, even to the extent of badgering my local authority for a grant.

Facilities for the 12 to 14 students in each year were sparse and venues for lectures widely dispersed. Outside lecturers were great characters and stretched our minds somewhat more than the equivalent speech therapy which was invariably slowly dictated so that we were sure of each word!

Clinical placements were more interesting and it was common practice in those days for students to be expected to soldier on if a therapist was ill. We enjoyed watching Miss Swallow interviewing adult patients. Her first question to most was, "Would you care for a cigarette?" She would then light her own too, sit back in her chair, cross her legs and have a quiet chat, occasionally taking the odd note as there were no printed case history questionnaires. This oasis of calm and sympathy contrasted with the Kingdon-Ward style of questioning and dispatching to a relaxation cubicle. Students, who had notes passed to them as they were observed working with patients, were instructed "not to stare".

In 1967, when I was appointed Clinical Supervisor at the West End Hospitals School, I became aware of the changes since my student days. Coping with

boyfriends, accommodation, fares, transport – there seemed to be many more problems, all liberally aired. Expectations of courses and lectures were higher, there were many more opportunities for social contact with other students and student unions were growing in influence. Specialist subjects, such as working with special needs children, the hearing impaired and the disabled, had been introduced. Dress was definitely comfy compared with the band-box tidy and bestockinged requirements of before. What would Miss Swallow - once heard to remark, “My students might talk about wearing trousers but must never be seen wearing them” - have said?

In 1958 I sailed on the Emperor of Britain as an immigrant to Canada. What I found – purpose-built units with sound-proofing, higher salary, limited caseloads and good equipment, professional back-up, assistants and secretarial support – could not have contrasted more strongly with what I had left and subsequently returned to in Britain. What did shock me, however, after experiencing a welfare state, was the chasm between rich and poor and the need for ‘money up front’ before each treatment. Yet charitable organisations were far more enthusiastic and in evidence there.

Family commitments brought me back to Britain in 1961. In my career here, I’ve had a ceiling collapse on me, a cockroach infestation of a clinic and damp school cloakrooms doubling as treatment areas. One job I had was particularly well-equipped but, being rural, my small car had to be packed with equipment including a folding canvas bed plus pillow and rug for relaxation therapy. Treatment was always simplistic with huge caseloads, total responsibility for administration – and sometimes even finding accommodation – and no time to organise the marvellous group treatments which are available today. Electronic aids, for example for people with a laryngectomy, were just evolving.

It was very difficult to get funding for specialist courses and early on there were no enhanced payments for specialist work. In my case, this was in cerebral palsy, and I supplemented my income with lecturing. At one point in 1969 I left to be a personal assistant – twice the salary and much less responsibility. I wonder how many others were lost to the profession at that time for similar reasons?

Money was also a problem for the then College of Speech Therapists. Needing permanent premises, I, as Secretary for the West of England Therapists, organised a raffle and raised the princely sum of £150! In the end, Harold Poster House was bought from the generous donation of a philanthropic benefactor. Now the Royal College has moved on to even bigger premises. But today the fee on joining is more than the £5 I remember paying, although this was still the equivalent of a week’s salary.

I retired in 1988, the frustrations of an inadequate health service still only too evidence. Somehow, though, we just soldiered on, a small cog in the flotsam of public service!

To 1965 when Lesley Knight qualified...

IT was the treks back to the classroom, though less noisy and precipitate, which were more annoying. Shoe-lace tying or fiddling in the pockets of coats hanging up, endless Johnnies or Roberts would gaze at us as we sat on the cloakroom benches, trying to focus on the job in hand. "What are you doing, David?" "What's the matter with him, miss?" "Why are you sitting out here?" "What's he done, miss?", or even more exasperatingly, "It's nearly playtime, miss", and you know that you will have to give up trying to elicit the elusive /k/ yet again as, imminently, hordes of children will tumble out of their classrooms into the playground with scant regard for your painstakingly home-made games and equipment!

I qualified from the West End Hospital Speech Therapy Training School in 1965. Like the majority of my contemporaries, I went into a single-handed post, one which had been vacant for some years. It involved covering rural schools in the north of Buckinghamshire. My base was a filing cabinet situated in the upstairs cloakroom of an old converted house, now the headquarters of the Medical Officer for North Bucks. There was nowhere to work except in school cloakrooms, kitchens or occasionally in the Headmaster's office in the bigger schools. I even worked in my car.

It took me two days, just looking at the paperwork, to get any idea of where to start. There was no other speech therapist for miles around and certainly no senior speech therapist or manager to 'take the strain'.

Apart from the veritable explosion of knowledge and expansion of speech and language therapists' fields of expertise, the next major development over the last 30 years, in my experience, has been that of cohesion.

First, there was the informal network of therapists within an area who felt they could justify meeting occasionally to form a support group and to exchange ideas. Later, through the efforts of successions of determined therapists in the field as well, of course, through the College of Speech Therapists and the unions, our employers formalised this in a sense and set up grades and hierarchies. It may seem strange to recently qualified therapists, with their Special Interest Groups and structures in place, that once therapists in most parts of the country were single-handed in a very real sense, not seeing other therapists for months – even years – at a time.

What concerns me is that recent developments in the national health service could jeopardise our unity and our achieved structure and there could be a return to the single-handed therapist with neither peer support nor clout.

That clout has been important. I would not now be working in a pleasant clinic as part of a speech and language therapy department, supported by clerical staff and bolstered by decent equipment and good diagnostic tools, if other therapists had not struggled so hard to develop recognition for our profession and pushed so determinedly to make us a cohesive whole, raising the awareness of our employers and the public at large.

To 1975 when Elenor Birkett graduated...

AS I write this, I am shocked to realise that it was 20 years ago when I qualified. I had never intended to remain in practice for this length of time. Reflecting on my alternating fascination and frustration with our fledgling profession over the years, I acknowledge that there has been genuine progress in most aspects of clinical practice, research and especially our professional image.

My training began at the West End Hospital School, which amalgamated mid-course with the Oldrey-Fleming School, thus creating the NHCSS. On graduating our year received diplomas, unlike current students who are awarded degrees. As a result, in 1982 my application to the University of Glasgow to register for a Masters research degree was passed by the narrowest of margins. Aware of this controversy and conscious of making university history, I did not dare give up, and was finally awarded the degree in 1985.

I have worked for 18 of the 20 years, full-time and part-time, continuing to work while raising three children (with a little help from my husband). My first post was in Surrey where my time and salary were split between paediatric and hospital services until the integration of the profession into the Health Service. It is a reflection of our times that in some areas, therapists are again having to work in professional isolation in a fragmented service.

Two thirds of my working life has been spent specialising in work with people with severe learning disabilities and their carers. The eight years I spent in the Royal Scottish National Hospital, a large subnormality hospital, was an eye-opener. With limited hours, and at times single-handed, it seemed impossible to make any impact on the Dickensian systems. However, in the early 1980s, the introduction of Makaton and the development of strategies for staff training revolutionised the communication environment.

When I feel ill with post-viral syndrome, I took a two-year break, eventually returning to a basic post in Falkirk – on of the best career moves I have made. My personal challenge was to revive and develop redundant skills and to tackle a newly emerging role in dysphagia management.

The family left Scotland four years ago to live in the heart of Lincolnshire which has provided interesting new perspectives. First, I have returned to my clinical specialty of learning disabilities in a community-based service over a large rural area. Second, it has proved stimulating to work with a good departmental team reacting to recent trends in our professional practice.

No the profession is faced with a greater challenge – how to survive and develop. I am therefore delighted at the recent news of the granting of royal status to the College. After 50 years, our profession has come of age and I can at last say that I am proud to be a speech and language therapist.

To Dublin in 1985 with Vivienne Byers...

WHEN I started university, speech and language therapy was called speech therapy and my first port of call was the Department of Remedial Linguistics which has since become the School of Clinical Speech and Language Studies. Both these changes of title since my qualification ten years ago represent a clearer definition of what our profession is and hopefully where it is going.

My memories of college days include very fond ones of University of Dublin, Trinity College. There was the camaraderie of a small department, the added bonus of a large university campus and once a year there was the Trinity Ball. During my time there I spent two of my clinical placements in the USA. This opportunity was organised through the department and involved going to a 'speech camp'. In terms of shaping my outlook of what my future profession held in store for me, it met the criterion of 'if you want to know me come live with me' which is just what I did with the language disabled little boys.

On graduation I took up a job in the health board system in the Republic of Ireland. I experienced many different areas of work, including child psychiatry, community care and general hospital. After four years I left for Canada to experience speech and language therapy in a different country. What fascinated me on my arrival was the great respect the 'man in the street' had for their local speech and language pathologist. My year and a half in Canada was one of the busiest and most fulfilling of my career. My work was mainly in the area of adult dysphagia and was a round-the-clock commitment. The Ontario Speech-Language-Hearing Association (OSLA) was putting in place statutory registration at the time and a lot of debate was taking place in the province.

I returned to Ireland in 1991 and took up a health board job again. The following year saw a nationwide review of speech and language therapy services in Ireland under the auspices of the Irish Association of Speech and Language Therapists (IASLT). This review outlined recommendations for the profession including the need for more research, increased employment of speech and language therapists, promotion of our profession and the continued evaluation of statutory registration. Similar to the self-evaluation that RCSLT underwent in the late 1980s, the process brought the profession together in a mutual endeavour.

For me, membership and registration with the RCSLT is important; it was the professional body that certified me to practise back in 1985, a job now the province of IASLT. Irish therapists have, over the years, made major contributions to the development of RCSLT and for me to maintain a standing with the Royal College seems both logical and natural. In this age of rapid professional development, it seems not only appropriate but necessary to maintain close links between the two professional bodies.

The link must not simply be a bureaucratic exercise but tangibly represented by individual therapists on the ground. We have already had success in this objective, the most notable being the joint IASLT / RCSLT conference last year which brought together speech and language practitioners from Northern Ireland and the Republic to discuss and debate quality assurance and audit. These issues are shaping the future of health care and it is critical for speech and language therapists to take the lead before they are led.

At present, I am involved with the RCSLT Irish Regional Committee, I am a speech and language therapy manager and I am completing my masters at Trinity College. My hopes for the profession are many, the most important being that we don't under-sell ourselves as we have in the past. There is a lot to be proud of. For me, membership of RCSLT and IASLT represents a pride in our past, in what we have achieved and the hope and expectation for what is to come.

Congratulations to RCSLT on 50 years and to my classmates on ten.

To 1995 and congratulations to John Tuffney, new graduate

I have just qualified as a speech and language therapist and will admit to being extremely proud of that fact. I consider that speech and language therapy students have to work hard for their degrees and the students graduating along with myself from Cardiff Institute this year were no exception.

In common with many other students nowadays, I have also had to earn money alongside my studies to survive financially. In the first year, I took an evening job stacking shelves at a supermarket and tended to startle my fellow stackers by practising cardinal vowels over the baked beans. Along with my peers, however, I now have a BSc (Hons) degree and am ready to face all that the NHS can throw at me.

I have great difficulty convincing my male friends of this but when I turned up for my first day at Cardiff I did not realise the extreme paucity of males in my chosen profession. For most of the course, I was the only representative of my gender among the 17 in my year. Continually walking into the student union surrounded by hordes of females did not go unnoticed by other male students, some of whom actively encouraged me to swap courses with them. Gender differences in my year soon faded and I just became one of the gang. However, before the 'gender studies' component of the psychology course on the evils of the male, I was advised by the lecturer involved to stay away for my own safety. I *think* she was joking.

I have not encountered any overt discrimination during my training; in fact, quite the opposite has often been true, with people going out of their way to

make me feel welcome in the profession. Occasionally I got the impression that some facilities catering for very young children were a little wary about having a man working with them but this was certainly the exception.

I have had some involvement with RCSLT as a student, serving on the national Student Committee. In this capacity I have formed the opinion that the profession would benefit from closer ties between educational establishments and the clinical 'front line' and that RCSLT is ideally placed to facilitate these ties. Clinical supervisors are, I believe, pivotal in helping students prepare for practice. In my experience, the supervisors taking students from Cardiff have been excellent and the college makes every effort to provide as much varied clinical experience as possible. I feel, however, that more could be done by all colleges to integrate further opportunities for clinical experience. This can only be achieved if more Trusts, managers and individual therapists agree to take more responsibility for student education. The professional mentor system as used in teacher training could also, I believe, provide students with more opportunities to explore clinical practices.

My student colleagues have now dispersed to start jobs throughout the country and I will miss them. Along with all the other students graduating in the Golden Jubilee Year we join a profession celebrating the last 50 years while preparing for the next.

History of the Royal College (from 1945-1995)

1945	<ul style="list-style-type: none"> • Amalgamation of the British Society of Speech Therapists and the Association of Speech Therapists to form the College of Speech Therapists
1947	<ul style="list-style-type: none"> • CST awards first Licences to Practise
1948	<ul style="list-style-type: none"> • First international CST conference • King George VI becomes Patron
1956	<ul style="list-style-type: none"> • Association of Speech Therapists formed as a separate negotiating body for salaries and conditions of service
1959	<ul style="list-style-type: none"> • CST withdraws from Professions Supplementary to Medicine Bill • Queen Elizabeth, the Queen Mother, becomes Patron
1965	<ul style="list-style-type: none"> • British Journal of Speech Therapy replaced by British Journal of Disorders of Communication
1967	<ul style="list-style-type: none"> • First graduates qualify from University of Newcastle-upon-Tyne
1972	<ul style="list-style-type: none"> • Quirk Report on Speech Therapy Services accepted in full by government
1974	<ul style="list-style-type: none"> • Services provided by education and health brought together under the NHS
1977	<ul style="list-style-type: none"> • CST moves from St John's Wood to Harold Poster House, Willesden
1990	<ul style="list-style-type: none"> • First speech therapy professorship awarded to Robert Fawcus at City University

1991	<ul style="list-style-type: none"> • Publication of Communicating Quality, standards and guidelines for speech and language therapists • Name changes to College of Speech and Language Therapists • First Professional Director appointed • Non-statutory registration introduced • College moves to Bath Place, Rivington Street
1992	<ul style="list-style-type: none"> • BJDC becomes the European Journal of Disorders of Communication
1995	<ul style="list-style-type: none"> • Conferring of the title Royal on the College • Major international conference, York, 12th-14th October • Key message: what the communication difficulty, a registered speech and language therapist can help.