

OMG – What ya up 2 mate

We are used to being told to have a gr8 day and I luv U 4 eva as the kids go off to see their BFFs. And even if it doesn't make us LOL we know it is the text-speak of the day and whatever its form our kids are communicating with each other, perhaps more than any other generation.

Yet when *The King's Speech* recently became a box office hit it cast the brilliant focus of its cinematic spotlight on a hitherto unlikely subject, the rather 'dry' matter of the importance of how we talk. We learned in the film about the utter frustration, and resulting lack of self-esteem speech problems cause, and the time and dedication it takes to resolve them.



As well as addressing speech problems paediatric speech and language therapists also help children who are struggling to understand or use grammar, develop their vocabulary, make sense of longer sentences or know how to use language to get by socially.

Thankfully we know today that catching speech problems in the early years of development can stop a lifetime of frustration, embarrassment and delayed learning.

We are a multicultural nation and the way in which we speak is influenced by many factors, some we can change quite simply while others are far more complicated. We sometimes bemoan the lack of speech training our broadcasters apparently undertake, and look back wistfully to the time when the likes of Judy Bailey, Max Cryer and Angela d'Audney filled our airwaves with their clear and precise vowels. Further back still the BBC style commentary of the old movie trailers left no room for confusion – their audience could hear every crisp, clear syllable, every neatly crafted and smoothly executed word.

While we are used to the accusations of 'fush and chups' from our trans-Tasman neighbours and think nothing too flattering of their 'Straalian twang', I can't help but wonder that our 'Nu Zilund' intonation is becoming more painful by the day. The Kiwi accent tends to be a rather lazy speech, we don't open our mouths to form each word clearly and we are renowned for our very monotonous drawl and neglecting to inject much needed emotion into our sentences, to pep up and adorn our conversations. There is a line however between the laziness or quirkiness apparent in the everyday speech of our 'text-speak' society, and real problems which

need resolving by a speech therapist. Small children learning to speak can strike difficulties that stem from a variety of causes. No one reason is predominant though genetic history can play a part in delayed talking. The ratio of four boys to one girl needing speech therapy is often a direct result of boys 'following in their fathers' footsteps'.

I recently spoke to paediatric speech and language therapist Fiona Kenworthy. She has worked on the speech therapy Masters programme at Auckland University and in child development at Kidz First, and has recently set up a private practice in Clevedon, devoted entirely to children. "How can we be alerted to possible speech problems in our children?" I asked Fiona.

We all know kids are not 'one size fits all' – speech development covers a broad parameter of acceptability, and we don't want to be seen as pushy parents asking too much of our kids as they embark on their life of education. Early warning signals can be hard to pick up, though by 3 years old a preschooler can display a range of indicators that underlying problems are at play. Part of the challenge is to observe young children when they are relaxed and not conscious of being studied. Fiona assesses all her under two-year olds at home in their own environment, where they can be observed playing happily. Fiona likes to tailor her sessions to each child – busy boisterous preschoolers may be at home chatting away as they bounce

speech therapist. to speak can strike from a variety of n is predominant can play a part in tio of four boys to therapy is often a following in their

paediatric speech Fiona Kenworthy. e speech therapy Auckland Univer- development at Kidz set up a private devoted entirely to be alerted to pos- our children?" I

not 'one size fits ent covers a broad dity, and we don't y parents asking s they embark on Early warning sig- k up, though by 3 an display a range ying problems are ege is to observe ey are relaxed and g studied. Fiona two-year olds at rironment, where playing happily. sessions to each preschoolers may ay as they bounce

on their moon-hopper balls, while quieter children may prefer to discuss their paintings or sticker albums in a more peaceful setting. One to two sessions is all it usually takes to work out whether there is a need for any intervention and therapy. After years working in the public system Fiona has much praise for all the therapists and the programmes on offer. The big dilemma is the long waiting lists, with people queued up to access limited resources, all aware that the sooner a speech concern is identified and addressed, the less likely the child will be effected long-term. Often speech complications are tied in with hearing problems, and hearing problems are often linked to ear infections. Children and their families can be unaware that they have a persistent ear infection or even glue ear, causing hearing problems at a critical time when

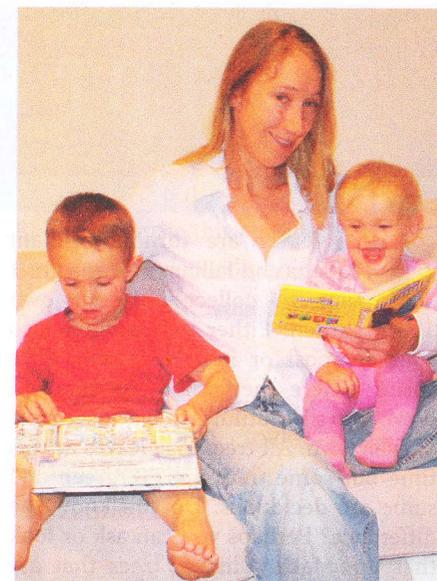
they are beginning to make sense of, and imitate the language.

Speech therapists may also evaluate feeding or swallowing difficulties that can cause speech problems and developmental delays. Conditions such as cerebral palsy and Down's syndrome can be assessed by simple medical procedures, such as swallowing a barium solution before x-raying to examine swallowing. Endoscopy is another painless procedure that enables the doctor to view and examine the oesophagus (our 'swallowing tube'), by using a thin, flexible probe fitted with a microscopic camera.

Children struggling to pronounce words, being late to say first words, and having difficulty making their speech understood (relative to other children the same age) may indicate a problem such as apraxia, which is an increasingly recog-

nised condition. It bears no relationship to intelligence, children with apraxia know what they want to say but have problems producing the sounds, syllables and words needed to organise their speech. Their brains have difficulty co-ordinating the muscle movements necessary to say the correct words though their understanding of speech is fine. Mostly the cause is unknown but it often goes hand in hand with dyslexia (said to affect as many as one in 15 children). Once a diagnosis is found, the good news is that a child's family can really help, whatever the problem turns out to be. Assignments and practice at home is the key to finding new strategies and making vast improvements in a child's progress, so if you are worried ask for some professional help.

■ By Lynnette Third



Fiona Kenworthy and children Balin and Chloe.



Fiona's speech therapy practice is devoted entirely to children.



Fiona Kenworthy with children Balin (4) and Chloe (15 months). Reading and shared activities all help children develop their listening, attention and language skills.

WATER PLUMBS & FILTER SYSTEMS

Water