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Re: Inquiry into language learning in Indigenous communities

I write this brief submission as a culmination of my experiences working as a speech pathologist in remote Aboriginal communities of the Northern Territory and Western Australia for the past 7 years and I am also a trained ESL teacher.

A speech pathologist has been trained to assess and treat people who have a communication disability. Speech pathologists complete a degree at university which encompasses all aspects of communication including speech, writing, reading, signs, symbols and gestures (Speech Pathology Australia, 2011). Much of my work has been working with Aboriginal children and their families and I have developed the following insights in the past few years in regards to the importance of valuing and upholding the importance of Indigenous languages. Many of my comments are based on direct experience and whilst I acknowledge that many of the submissions already received come with a wealth of references and years of experience and knowledge, I feel that all perspectives are important in this discussion.

The benefits of giving attention and recognition to Indigenous languages

It may be more appropriate for me to firstly comment on the dangers and negative aspects of *not* giving attention and recognition to Indigenous languages.

I currently work in the Fitzroy Valley in the Kimberley, Western Australia as part of a prevalence study and I am assessing the language skills of 120 children aged between 7 and 9 years. The majority of these children are Aboriginal and most of them speak Kimberley Kriol as at least one of their home languages. Though not a 'traditional language', Kriol is a recognised and true language and is the first language of many people in the Fitzroy Valley.

Historically, speech pathologists utilise standardised English assessments to look at Aboriginal children's language skills; that is, they use norms that are referenced to white, often American children in order to comment and provide quantitative measures for children who are often multilingual, non-standard English speakers. This approach can lead to many Aboriginal children being misdiagnosed with a language disorder, who in fact are demonstrating linguistic or dialectal differences and instead of working to teach children the explicit differences between their home language and Standard Australian English (SAE), children are provided with therapy programs to remediate their 'poor language skills'. They then carry this label of 'language disorder' throughout the rest of their education and potentially the rest of their lives, when in actual fact they have simply been speaking a different language or dialect. The irony (and travesty) of this is if a child from another country entered the education system in Australia, there is no way that they would be given an English assessment if they were from a different linguistic background. Why it is different for Aboriginal children I do not know.

For the assessments that I am currently conducting I have consulted with local language experts as well as other speech pathologists with experience working with Aboriginal children and we developed and collated a series of assessment tasks in Kimberley Kriol. To date we have conducted over 70 assessments and I have made the following observations:

- Some children, when asked what language/s they speak at home, respond with 'English' (as do their parents), when the assessment shows that they in fact speak Kriol. There appears to be some kind of shame or lack of awareness about home languages and how and why this attitude has been fostered is uncertain

- Children who are very clear about the languages that they speak (for example children who say they speak Kriol and other traditional languages at home versus Standard Australian English at school) have tended to have better literacy results in the assessment and they are also more competent code switchers (that is, they can shift between Kriol and English smoothly, rather than mixing the two together).
- Aboriginal people who have observed the assessment have commented on how good it is to assess children in Kriol because it gives them a fair go and is better than doing all of the tests in English. Some people have also gone on to suggest that assessments are developed in other languages spoken in their community. They seem to appreciate that their language is being valued and express a desire to move it forward.
- The children are engaged in the assessment process and tend to focus and attend better in the language assessment than they do in other assessments that are conducted in English.

Throughout my time working in schools I have had teachers complain that the children just can't speak English properly and highlight common areas such as gender pronouns (eg. he/ she, him/her), tense usage and plurals. All of these markers in Kriol are correct. In Kriol the pronoun 'she' is not used; past tense is indicated with the use of the word 'bin' (been) with the verb (eg. "I bin go" > "I went") and plurals are marked not with an 's', but with a quantitative measure such as 'big mob', 'biggest mob' etc (eg. "big mob bullocky" > lots of cows). Yet these are the 'errors' that teachers talk about.

The issue is that these children come to school and frequently their home language and culture is not acknowledged, with the children being taught in English from day one. This lack of explicit ESL teaching is setting the children up for failure. As a speech pathologist working with children in therapy, the number one most important thing in children improving is insight and awareness. If a child is not aware that how they are saying things are in error then they have no chance of being able to correct themselves. Similarly, if Aboriginal children have no insights into the differences between Kriol and SAE then they have no resources to be able to alter their language patterns and get a proper grasp of both languages. What we find is because they are not explicitly taught either language, we have children with partial knowledge but no mastery over the languages they speak. Though entirely logical, I have seen very little evidence of explicit teaching being supported or pushed in the education system in the NT and WA, despite the existence of wonderful resources such as "Making the Jump" by Rosalind Berry and Joyce Hudson, that provide in depth explanations of the differences between Kriol and SAE and many ideas and approaches for how to help kids "make the jump" between the two.

The same is true for literacy learning. When children are first beginning to learn to read they are taught phonological awareness skills; that is, identifying sounds, rhyming words, syllables etc; learning the foundations of what makes up words essentially. Again, Aboriginal children from different language backgrounds need to be taught the differences between the sounds in their language and the sounds in SAE (and there are many differences) so that they can tune in effectively to ongoing literacy learning and experience success.

The contribution of Indigenous languages to Closing the Gap and strengthening Indigenous identity and culture

My strong belief is that a lack of effective education/information or miscommunication is the number one cause for the disparities in health between Aboriginal and non-Aboriginal Australians. References such as "Sharing the True Stories" and the book "Why Warriors Lie Down and Die" (Trudgen, 2000) explore these miscommunications in detail but I have also been a witness to the dangers of assuming English competence when working with Aboriginal people.

Frequently, health professionals give simplified explanations of health conditions and diseases so that people can understand. They tell people they have “sugar sickness” (diabetes) and not to eat sugar. But this is not empowering people to make an informed decision about their health. Unless somebody understands the intricacies of their disease, or of health for that matter, how can they possibly make a choice about how they look after themselves or their family?

Some examples: a man I was working with in a community who had suffered a stroke and had experienced a significant speech impairment, which resulted in him basically speaking gibberish. The people in the community thought that he had gone crazy or been possessed and many people were teasing this man who is a very knowledgeable elder and ceremony man. Fearing the ongoing ostracising of this man I worked with some key people in the community as well as non-Indigenous people with strong relationships with the men to explain “stroke” and give information about how it affected speech capacity, as well as talking about ways to help him. Once this had been explained we had people offering to sit and do speech therapy with him!! What could have happened if we had allowed them to think he was a crazy old man?

In my current work I am dealing with many women with children affected by Foetal Alcohol Spectrum Disorders; many women who did not know the dangers of alcohol and who are now only learning the hard way of the long term damage it can cause. It was simply never explained to them when alcohol was introduced in the 70s that alcohol can cause birth defects.

I can completely understand why many Aboriginal people feel like white people keep things a secret. Just because Australia has been colonised for over 200 years does not mean that non-Indigenous knowledge has automatically transmitted and I believe we have a responsibility to provide all information in the most culturally safe manner possible. Provide information in a way that is culturally meaningful in a framework that speaks to Aboriginal people. We can do this by offering the information in its totality then working with language experts so they can translate this information not only into language but into a culturally accessible form. Much of the work of ARDS (Aboriginal Resource Development Service Inc) is focused on this with great results.

On the flip side, it is so important that Aboriginal knowledge is valued and nurtured and the main channel for this transmission of knowledge will be through language. We can marry our collective knowledge and enrich our understanding of health and wellbeing. Why we do not harness and embrace thousands of years of knowledge is crazy and the assumption that we as non-Indigenous people have all the answers is ludicrous.

I feel that by sitting down and seeking understanding of one another’s worldviews we can come to common ground and make some inroads into demystifying many aspects of health.

The potential benefits of including Indigenous languages in early education

I cannot emphasise enough the importance of including Indigenous languages in early education. Bilingual education programs that are properly resourced in terms of funding and adequately trained teachers can have numerous benefits for students.

- It allows them to develop metalinguistic awareness of their home language/s as well as SAE, which in turn supports their development into competent code switchers
- It promotes success and achievement, instead of failure, which currently occurs within English-centric schools where NAPLAN is the way and teachers gear their curriculum towards their students passing it, denying them more enriching learning and development.

- It identifies and acknowledges the differences in the languages, which then fosters the awareness to switch between the two, rather than mixing them
- It values their culture (which is so intricately linked with language), whilst also providing them with the tools to access non-Aboriginal culture.
- It nurtures them to become true bilingual (or multilingual) speakers, which the majority of people in the world are
- It involves parents and carers in a meaningful way in their children's education and creates a relationship between the school and the community. In schools where English only is used, many community members feel disengaged and embarrassed about being involved because they may not have strong English or literacy skills

Measures to improve Indigenous language interpreting and translating services

In my experiences working within both health and education fields I have seen a very poor uptake of interpreting services in general. There remains a very Western-centric view of peoples' need for interpreting services and the common misconception is that because people have a sufficient level of conversational English then they do not need an interpreter for health or other higher level language information. It is often the health professionals' decision as to whether or not a person needs an interpreter, not the client or patient. The miscommunications that can occur from these assumptions are numerous and are well documented in Sharing the True Stories project (http://www.cdu.edu.au/centres/stts/links_resorces_stts.html).

A further danger is when relatives are used as interpreters instead of trained interpreters. Trained interpreters go through extensive training to learn their profession and the assumption that just because you speak two languages you can interpret well is simply untrue.

I believe in order to improve firstly the uptake of Indigenous interpreting services there needs to be a shift in mindset that moves people to begin valuing the role of the profession and the positive outcomes it can affect for clients and patients. Services should be subsidised by the government so that financial reasons do not prevent individuals or organisations from employing interpreters.

Interpreting organisations seem to be very poorly funded and in order to raise their profile and improve their capacity they need an increase in resources, both physical and human.

Conclusion

Unfortunately I have not had the time to sit and write a more comprehensive submission due to the nature of my work currently and limited access to the internet, but having read some of the submissions already received I am confident that Parliament is receiving a similar message and that is, including, valuing and teaching Indigenous languages is the only way forward. It provides children with a better opportunity to learn their own languages as well as Standard Australian English; it allows Aboriginal people to access the health, education and justice system with more understanding and more power over their decisions; and it acknowledges and celebrates the diversity that we have in our country and the knowledge and wisdom of its traditional people.

To continue as we are is a gross injustice to Aboriginal people and their human rights. It's time to change.

References:

Speech Pathology Australia (2011). What is a speech pathologist? Fact sheet, Speech Pathology Australia website. www.speechpathologyaustralia.org.au