18 April 2012

Committee Secretary
House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs
PO Box 6021
Parliament House
CANBERRA ACT 2600

By email: atsia.reps@aph.gov.au

Dear Committee Secretary

Inquiry into language learning in Indigenous communities

Thank you for accepting this late submission from the National Rural Health Alliance on language learning in Indigenous communities. The main thrust of this submission is that there are substantial benefits to be gained from increased investment in teaching and learning Indigenous languages, including improved capacity for communications, cultural and personal empowerment, enhanced educational outcomes and, potentially, improved health for Aboriginal and Torres Strait Islander people.

Led by its Indigenous member bodies, and respecting the notion of self-determination for Indigenous people, the Alliance advocates that all Australian governments give priority attention to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. The Alliance seeks a bipartisan approach to national leadership on this matter, including on the more specific challenge of closing the gaps in health, life expectancy, education and employment. We recognise that meeting these challenges will require substantial inter-government work, interagency work at individual government level, and the progressive allocation and/or re-allocation of resources.

For Aboriginal and Torres Strait Islander people, connectedness to culture, family, land and language are critically important in maintaining health and wellbeing. The rapid loss of traditional languages and the resultant erosion of cultural knowledge have been major contributors to the poor health and wellbeing of Aboriginal and Torres Strait Islander people that exists today.

Aboriginal and Torres Strait Islander people have suffered significant cultural and social dislocation. For several generations large numbers of Aboriginal and Torres Strait Islander people have been denied access to their native languages, and have been subjected to policies removing them from their traditional lands and requiring them to relinquish cultural practices and beliefs. These layers of loss and disempowerment have had serious deleterious effects and continue to compromise the health, education, employment opportunities and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. It is to be hoped that

giving greater attention to recognising, documenting, teaching and communicating in Indigenous languages as well as English will contribute to reversing some of the negative impacts.

Those individuals and communities who continue to speak an original Australian language as their first language are disadvantaged through lack of access to information that is freely available to the English-speaking population. We are aware of Aboriginal TV and radio stations in the Northern Territory transmitting in Aboriginal languages but, by and large, people who speak an original Australian language receive almost no news, current affairs or health information in their own language. If they have poor understanding of English, they may well receive no such information at all. It goes without saying that providing information and news in original Australian languages for those communities and individuals would contribute to closing the gap in health between Indigenous and non-Indigenous Australians, not only as it serves Indigenous identity and culture but also through the specific provision of information about health conditions, treatment, management regimes, medications, illness prevention and the promotion of healthy living.

If, as educators assert, learning to read and write in one's first language contributes to better development of literacy skills that can then be transferred to English or other languages, then this is another means by which a positive contribution may be made to health outcomes.

Seventy per cent of Aboriginal and Torres Strait Islander people live outside the major cities. In health, there is a horrendous 13-17 year life expectancy gap between the Indigenous and non-Indigenous population, and health status deteriorates with remoteness. It is in the more remote areas where original languages are more likely to be the first or only languages of the local people. Any serious endeavour to close the health gap ought to be targeted to those areas where health outcomes are poorest. It will therefore be both effective and just for health information to be communicated in the languages that disadvantaged people speak and through the means by which they usually communicate (which is not always in written form).

Trained interpreters, working through Aboriginal interpreter services, can offer great assistance to health providers in achieving meaningful health outcomes. Aboriginal Health Workers (AHWs) do also interpret language, but are not specifically trained for this. Their expertise is probably more in the area of interpreting social and cultural circumstances to improve health interactions between non-Aboriginal health professionals and Aboriginal clients.

There should also be a greater amount of support for recruiting Aboriginal and Torres Strait Islander people to the range of health professions. The more Aboriginal people there are working in health services, the better those services are likely to be for all parties concerned. Aboriginal health providers certainly assist with language issues and communication, but also with the interpretation of many other social/cultural issues for which language is not the main barrier. This is one of the important services delivered by members of the Aboriginal Health Worker profession - a point made strongly at the 12th National Rural Health Conference in Perth last year.

There is also value in non-Aboriginal people learning the language of the peoples with whom they are working. Learning some basic words or even gaining functional language skills can greatly facilitate relationships between non-Aboriginal health professionals and Aboriginal staff and communities. It lightens things up, shows respect, and indicates a willingness for people to meet each other half way in the complex area of health care.

The establishment of Medicare Locals and their relationship with the Aboriginal Community Controlled Health Services (ACCHS) provides a further means of acting on the Council of Australian Government (COAG) commitment to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander communities to achieve the target of "Closing the Gap in Indigenous disadvantage". In addition, Medicare Locals should be involved with cultural safety training programs, endorsed by the ACCHS sector, to provide culturally secure services for Aboriginal and Torres Strait Islander people from the so-called mainstream health sector, and the provision of information in original Australian languages could also be addressed at this level.

One of the Alliance's correspondents has written to us in these terms and we pass these thoughts on to the committee for your consideration:

> *I don't think many people on east coast or in metropolitan centres have any idea of the extent to which Aboriginal languages are alive and well in places like Central Australia. I know I was completely ignorant of the situation until I came out here but I love walking around Alice Springs and hearing people speak their first languages.*
>
> *Children in some of the remote communities, and even in Alice Springs, come to school with English being their 2nd or even 3rd or 4th language. If children as young as 5 can be fluent in 2 or 3 different languages, there is clearly nothing wrong with their ability to learn and yet they enter school where everything is taught in English*
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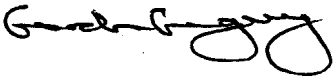
> *I think we could reasonably be asking things like:*
>
> - *Why isn't Australia promoted as a multilingual country?*
> - *In towns where Aboriginal and Torres Strait Islander languages are spoken as well as English, why aren't street signs and other signs written in both English and the prominent Aboriginal and Torres Strait Islander language as might be the case in places like New Zealand?*
> - *Why are Aboriginal languages in central Australia collectively and demeaningly referred to as 'language' while English is referred to by name?*

The book *Why Warriors Lie Down and Die* by Richard Trudgen provides not only a historical context for the current health and education status of Aboriginal people, but also deals thoroughly with the importance of language for Aboriginal culture, health and wellbeing. If the committee is not already aware of this book, we strongly commend it to your attention, particularly chapters 5, 8 and 14. We are confident you will also have among your references the Social Justice Report 2009 which has a strong and useful focus on Indigenous languages: http://www.humanrights.gov.au/social_justice/sj_report/sjreport09/index.html

The Alliance looks forward, with interest, to the findings and recommendations of your committee. (A list of the Alliance's 33 member bodies is attached.)

Yours sincerely



Gordon Gregory
Executive Director

Attachment

Member Bodies of the National Rural Health Alliance

ACHSM	Australasian College of Health Service Management
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare & Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
APS	Australian Paediatric Society
APS (RRIG)	Australian Psychological Society (Rural and Remote Interest Group)
ARHEN	Australian Rural Health Education Network Limited
CAA (RRG)	Council of Ambulance Authorities (Rural and Remote Group)
CHA	Catholic Health Australia (rural members)
CRANAplus	CRANAplus – the professional body for all remote health
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHSN	National Rural Health Students' Network
PA (RRSIG)	Paramedics Australasia (Rural and Remote Special Interest Group
PSA (RSIG)	Rural Special Interest Group of the Pharmaceutical Society of Australia
RACGP (NRF)	National Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors Association of Australia
RDN of ADA	Rural Dentists' Network of the Australian Dental Association
RHW	Rural Health Workforce
RFDS	Royal Flying Doctor Service
RHEF	Rural Health Education Foundation
RIHG of CAA	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
RNMF of RCNA	Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia
ROG of OAA	Rural Optometry Group of the Australian Optometrists Association
RPA	Rural Pharmacists Australia—Rural Interest Group of the Pharmacy Guild of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health