www.rch.org.au/ccch

# COMMUNITY PAEDIATRIC REVIEW

A NATIONAL PUBLICATION FOR COMMUNITY CHILD HEALTH NURSES AND OTHER PROFESSIONALS

VOLUME 17 N0 1
MAY 2009

EXECUTIVE INDEX



## EARLY LITERACY AND CULTURAL AWARENESS

### INTRODUCTION

As a child and family health professional, opportunities may arise in your daily interaction with families to encourage and support the promotion of early literacy. This article will provide an update on current early literacy knowledge and address the challenges professionals encounter when introducing literacy programs in culturally diverse communities.

In recent years, the promotion of early literacy has gained increasing attention. Commonwealth, state, territory and local governments, as well as not for profit organisations, have introduced literacy initiatives and resources for remote early childhood services.

While the theoretical framework and the delivery model may vary for each early literacy program, there is a common belief that literacy development begins before a child starts school. Most programs place an emphasis on providing families with information and support in an effort to create an environment that encourages the development of 'emergent literacy' (see Box 1).

One of the challenges in implementing an early literacy program in Australia is being aware of and responding to the cultural diversity of the population. This means recognising the indigenous culture as well as the many cultures from outside of Australia.

**BOX 1: Emergent Literacy**

A number of factors that facilitate a successful transition from pre-literacy to literacy have been identified and formalised into a framework known as *emergent literacy* (Whitehurst & Lonigan, 2001):

1. Language ability (speaking, listening and understanding), including vocabulary development and comprehension of the narratives, stories and conversations one is exposed to.
2. Letter identification/knowledge (knowing the names and corresponding sounds of letters)
3. Phonological awareness/sensitivity (being able to identify and manipulate sounds in spoken language).
4. Conventions of print, or understanding the basic concepts of reading and writing text (for example, the left-to-right, top-to-bottom direction of print on a page and the progression of print from front to back across pages). In other languages these conventions may be different as in Arabic where the print goes from right to left and Japanese where the characters are arranged vertically on the page.
5. Literacy-promoting environments (keeping books in the home, conducting home literacy activities such as shared book reading)

*Adapted from: Centre for Community Child Health Policy Brief No 13 2008: Literacy in Early Childhood (http://www.rch.org.au/emplibrary/ccch/PB13_Literacy_EarlyChildhood.pdf))*

Proudly supported by

HBA

hba.com.au

An initiative of the Centre for Community Child Health, The Royal Children's Hospital, Melbourne

The Royal Children's Hospital Melbourne
Centre for Community Child Health

## PARENTS' LITERACY LEVEL

To engage with all families there is a need to determine where the issue of literacy sits within the family's life and the cultural perceptions and expectations. The parents' literacy levels will have an impact on how a family approaches early literacy activities with their young child. Adult literacy varies between cultural groups.

The Australian Bureau of Statistics' Aspects of Literacy Survey 2006 found that approximately 46% of Australians aged 15 to 74 years had very poor to poor 'prose literacy' (the ability to understand and use information from various kinds of narrative texts, including texts from newspapers, magazines and brochures), and 47% had very poor to poor 'document literacy' (the knowledge and skills required to locate and use information contained in various formats including job applications, payroll forms, transportation schedules, maps, tables and charts). An even higher percentage of Aborigines have poor to very poor literacy (ABS, 2006).

Some cultural groups from outside Australia have equivalent or higher levels of education and adult literacy when compared to the Australian population as a whole, while other groups come from a background of low literacy levels, and circumstances of disrupted educational provision (ABS, 2006). It is valuable to ascertain a family's country of origin, to determine the languages they speak and the education opportunities for males and females.

Most adults will not want to publicly admit to poor literacy. A parent may accept early literacy resources without admitting their poor literacy level. This creates challenges for professionals in implementing an early literacy program.

Some ideas to consider:

- Parents with poor literacy may prefer one to one interactions where they can be encouraged to ask questions without embarrassment.
- If possible, role model positive adult/child interaction with books.
- Recognise that parents with poor literacy will struggle to enjoy reading and have fun with their children in this activity.
- Recognise that parents may want to protect their child from experiencing the frustration and embarrassment of not being a competent reader.
- In group work with parents it is important not to put any parent in an embarrassing situation by asking them to read aloud.
- Become familiar with the adult literacy programs in your area and recommend these to parents where appropriate.

## IMMIGRATION AND EARLY LITERACY PROGRAMS

There are three different types of immigration and these have implications for the introduction of early literacy programs for migrants.

- **Skilled migrant**

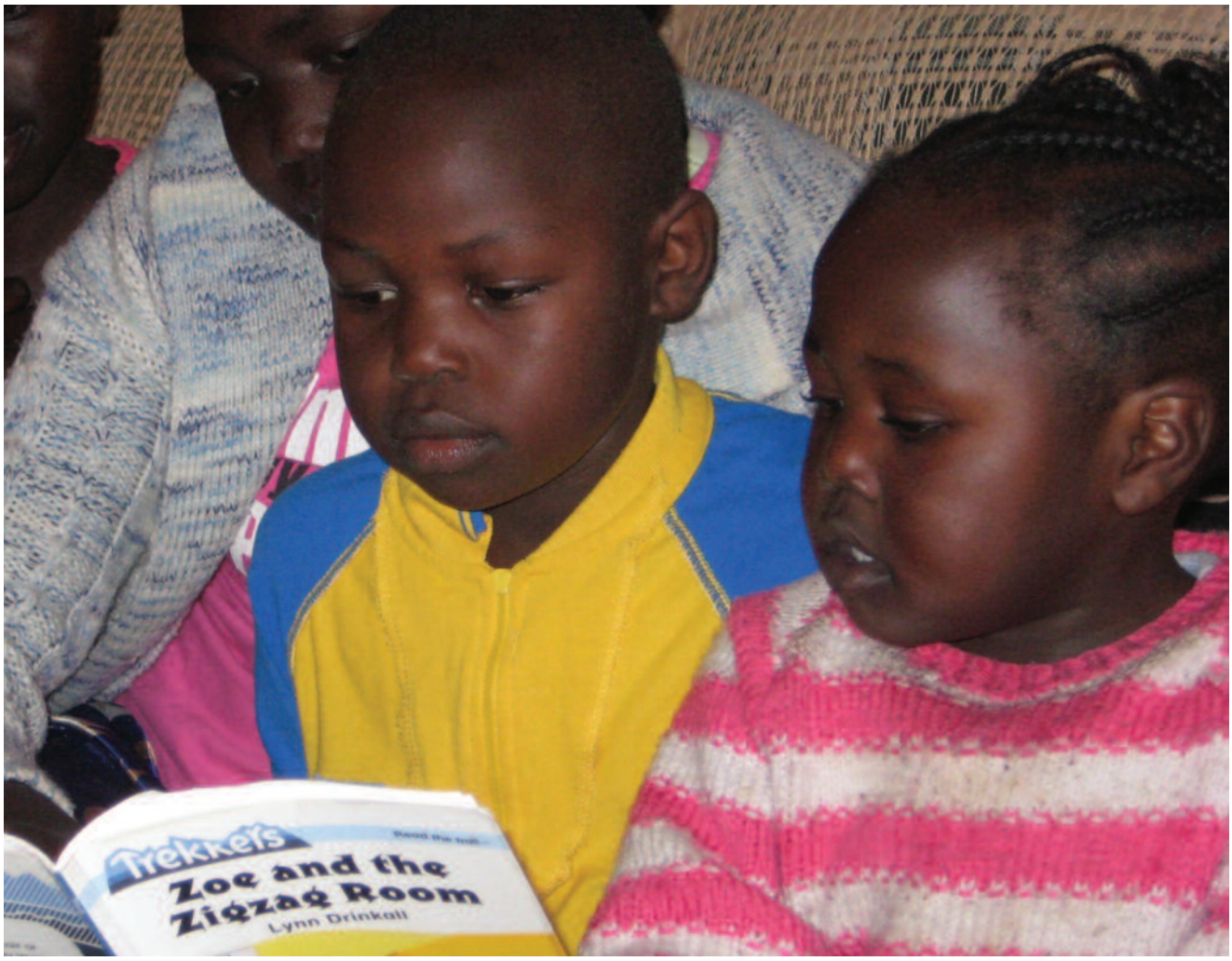
If a family has arrived in Australia as "skilled" migrants then someone in the family must have qualifications that are being sought by the Australian Government. Skilled migrants hold university degrees and/or qualifications that are recognised by the government, and they bring considerable funds with them when they enter Australia. They must also have a "good English language ability". The majority of immigrants to

### Did you know – an example

Most Sudanese in Australia speak a language other than English at home. The main languages spoken at home by Sudan-born people in Australia are Arabic (51.2%) and Dinka (23.6%). Only 4.4% of Sudanese say they speak mainly English at home (Department of Immigration and Citizenship, 2006).

Arabic is now the official language of Sudan. Massive political change in 1989 resulted in schools moving from an English school curriculum to an Islamic curriculum taught in Arabic. The primary school enrolment ratio is estimated at 60%. The adult literacy rate is 51.8% for females and 71.1% for males – the difference reflecting the traditionally lower levels of secular education made available to girls in Sudan (Department of Immigration and Citizenship, 2007).

Typically, Sudanese are multilingual. They are likely to be literate in Arabic but speak another language as their first language, such as Nuer, Dinka, Tigrinya and Darfur, which are predominantly oral languages.




Australia (51%) come under the skilled migration scheme (ABS, 2007).

These families are making a choice to move to Australia. "Skilled" immigrants are voluntary and see cultural and linguistic differences as challenges to be overcome in making their way in a new country. They are often very keen to adopt the English language, and someone in the family is already described as having "good English language ability".

- **Humanitarian/refugee**

If a family has arrived in Australia as refugees then they are being offered asylum from persecution or have been subject to substantial discrimination amounting to a violation of human rights in their home country. Many refugees will have had their education interrupted. This group made up 9% of immigrants in 2006-2007 (ABS, 2007).

- **Family migration**

If a person has arrived under a "family" migration scheme, they are coming to join an existing family. They are more likely to integrate into the practices of the family and community they are joining.

By asking about the type of arrival to Australia, this information may assist with an understanding of the family's decision in relation to speaking and reading English and/or their "home" language/s.

## MAINTAINING THE FIRST LANGUAGE

Language ability is one factor that facilitates a successful transition from pre-literacy to literacy. Many families struggle with the decision about whether to maintain their "home" or first language. This decision can be very perplexing and can be more difficult depending on how the family entered Australia or the pressures that may exist within their cultural community. Families may have to balance maintaining their first culture and language while supporting their children to succeed in the Australian education system – a system that may reflect different cultural beliefs. However there is clear evidence that maintaining the

home language should be encouraged and supported (NAEYC, 1995).

Infants and toddlers have the ability to learn more than one language at the same time and can manage to do this easily (Genesee, Paradis & Crago, 2004). The cognitive skills such as thinking, reasoning, problem solving and word choice which the child uses in learning their home language are the same skills needed to learn English. It is interesting to note that in the 2008 national benchmark study (see Table 1), there was little difference between Year 3 students from a language background other than English and all Year 3 students. Around 90% of students from a language background other than English reached the reading benchmark and this compares with 92% for all students. There are clearly some additional challenges facing the Aboriginal and Torres Strait Islander children, including health issues (related to poverty) which impact on language and literacy.

**Table 1: Benchmark Achievement of Year 3 Students – 2008**

**Proportion reaching the reading benchmark**

| State or Territory | % |
|---|---|
| New South Wales | 95.1 |
| Victoria | 95.2 |
| Queensland | 87.1 |
| South Australia | 91.5 |
| Western Australia | 89.4 |
| Tasmania | 92.8 |
| Northern Territory | 62.7 |
| Australian Capital Territory | 94.4 |
| Language background other than English * | 90.4 |
| Aboriginal and Torres Strait Islander students | 68.3 |
| **All students** | **92.1** |

*Depending on State or Territory, this group was either identified from responses to questions asked about the languages students or their families spoke at home; from questions asked about their own or their parents' country of birth; from enrolment records; or from English as a second language program records.

*(Source: Ministerial Council on Education, Employment, Training and Youth Affairs, National Assessment Program Literacy and Numeracy, Achievement in Reading, Writing, Language Conventions and Numeracy report, 2008.)*

A child's first teacher is their parent. It is difficult to expect a parent who does not speak English to be the best teacher for their child in relation to learning English. However they are equipped to teach them their home language. Whatever language is being spoken, it is important to be consistent, have frequent exposure and repetition, and encourage the children to use words (Powers, 2008; Prieto, 2009). Children do need to fully develop their language skills in the first language. Child health nurses can assist this process by encouraging parents to tell stories and share books in their first language. Many of the most popular children's book titles are also available in dual language versions. These books support parents to read aloud in their home language, while also being able to see the English language. Parents can also use illustrated books written in English and talk about the pictures in their home language.

Research has found that there are social and emotional benefits associated with maintaining the home language. "A child who can communicate and socialise with his parents, grandparents, and extended family will maintain the connection to his cultural identity and acquire a sense of belonging" (NAEYC 1995).

As a health professional it is important to explore with the family their beliefs about dual language acquisition and support and encourage them to maintain their home language as the evidence suggests this is beneficial for the child.

## CULTURAL NORMS IN RELATION TO BOOKS AND STORY TELLING

Primary school teachers still report many children starting school have not ever opened a book, and do not understand how to turn pages. The evidence would suggest that these children are at a disadvantage; however it is also understandable that for some families, books and literacy activities are not an integral part of their home culture.

The Aboriginal culture has traditionally been more oral than written. If parents were story tellers, then

this skill is much more culturally appropriate for the family, and more likely to be perpetuated. If parents did not read to the young child, then where in turn would a parent learn to read to their child, and make this a natural part of family life? Reading story books to children is not an everyday activity in all cultures, so this is going to be a new and challenging activity. This may mean that the starting point for a discussion about reading aloud with a child will be different for these families.

The selection of books should also be culturally sensitive. Books illustrated with photos/pictures of Aboriginal people who have died are not acceptable in some communities. There may also be a need to consult with different cultural and religious groups to ensure that the book selection meets their specific cultural and religious requirements. Access to books that portray the diversity of the Australian population – different skin colours and facial features – is also important so that families can identify with the characters. The style of artwork used in the book can also be familiar to a group and make them feel more attached to the book.

Some of the traditional Aboriginal dreamtime stories are now being produced as books and can be used to introduce the conventions of print, but there needs to be caution with young children about the length of the story.

## TRANSLATIONS

Providing translated materials is often seen as being culturally sensitive. Translations have a role but alone are not enough. Although many people from different cultures appreciate translated materials, some do not, for a variety of reasons. For example, it would not be culturally sensitive to provide an Arabic translation to a Sudanese woman who has not been given any formal education and who identifies the Arabic language as a symbol of the political oppression which she fled.

All carers of the child should be provided with material which they can comprehend. For example, a young mother may be able to read English, but her grandparents, who are also carers of the child, may require the information in Chinese. Additionally, the words may have been translated but the pictures in the book are not representative of the culture.

It is vital that all families are given the choice about whether they want any translated materials. They should be offered the English version and the translated version, or given a dual language book which ensures they receive both the home language and the English version.

## PROMOTING EARLY LITERACY AND BEING CULTURALLY AWARE

Child health nurses have a role in promoting early literacy, using their access to and relationship with families, to encourage and reassure parents that reading from an early age is appropriate (Hewer, L Whyatt, D 2006). To do this effectively, the messenger needs to be respected by and respectful to the family and their culture.

When implementing an early literacy program it is important to be cognisant of the following:

- Every parent wants to do the best for their child – regardless of culture and language.
- Recognise the readiness of the audience to receive

the message – this may mean different starting points and building an acceptance of the idea of reading with their child. The family needs to be asked about their background and cultural needs to establish their readiness.

- Discussions around how the families share stories with their child may be a way to raise the topic of reading.
- Remember parents don't have to be able to read to enjoy an illustrated children's book.
- Positive messages related to early literacy should be used, and a clear explanation of the concept and practical strategies provided.

AUTHOR
Sharon Foster
Let's Read Program Development Manager
Centre for Community Child Health

## REFLECTION QUESTIONS

1. *Are you familiar with the cultural background of the families you support? What are the implications for this in emerging literacy?*
2. *What is the value of being familiar with adult literacy programs?*
3. *Do you currently have translated materials available for parents? If yes, how are these distributed?*
4. *What would you tell a family about teaching their young child their 'home' language?*
5. *Do you feel confident in your ability to address the cultural needs of families when promoting early literacy?*

### Resources

www.letsread.com.au

A complete list of **references** for this article is available from the Centre for Community Child Health's website **www.rch.og/ccch** (click on 'Resources and Publications', then 'Child Health newsletters'). The website contains many useful resources for Child Health Nurses including:

- **Practice Resources** have been developed to help professionals working with children and families better understand issues and strategies on 11 topics, including settling and sleep, breastfeeding and eating behaviour. Each topic has an introduction, a summary of the latest research, and practical strategies.
- **Parent Fact Sheets** are written specifically for parents and cover a range of health, social and environmental topics including hygiene and infection control, music experiences and environmental sustainability. These sheets are also available in Arabic, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish and Vietnamese.
- **Books, CD-ROMs and posters** are available online or by order.



Proudly supported by
HBA
hba.com.au

An initiative of the Centre for Community Child Health, The Royal Children's Hospital, Melbourne

For further information contact the Centre for Community Child Health,
The Royal Children's Hospital, Melbourne.
Phone 03 9345 6150 or Fax 03 9345 5900 www.rch.org.au/ccch



The Royal Children's Hospital Melbourne
Centre for Community Child Health