

**THE REVISED KIMBERLEY
EARLY LANGUAGE
SCALES**

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THE REVISED KIMBERLEY EARLY LANGUAGE SCALES

REVISED FROM THE KIMBERLEY EARLY LANGUAGE SCALES

CARMEL BOCHENEK - 1987

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Prudy McLaughlin - for facilitating input from Aboriginal people and rewording each individual entry on the scales.

Kathy Mills - who stated in the Australian Communication Quarterly (1993,p.9) - "I don't believe that Aboriginal methods of treatment have been considered to be of any real value, or they have been put aside for the purpose of expediency."

DEVELOPMENT OF THE REVISED KIMBERLEY EARLY LANGUAGE SCALES (R.K.E.L.S.)

The Kimberley Early Language Scales were developed by speech pathologist Carmel Bochenek in the late 1980's. Bochenek was employed as a speech pathologist in the Kimberley Region of Western Australia. In her work with Aboriginal people Bochenek identified the need to develop a tool that would attempt to assess the communication development of Aboriginal children who lived in remote Aboriginal communities or remote towns in the Kimberley region.

The Kimberley Early Language Scales also acknowledged how Aboriginal people encouraged their infants and small children to communicate. The tool was based on work completed by Hamilton (1981), Jacobs (1988) and Bochenek's personal experience.

Bochenek was well aware that assessments commonly used by speech pathologists were not culturally or linguistically appropriate to assess the communication development of Aboriginal children living in remote areas. The Kimberley Early Language Scales was one of the first frameworks speech pathologists had that acknowledged cultural differences in communication acquisition and communication stimulation of Aboriginal people in remote Australia.

The Kimberley Early Language Scales were workshopped to a group of speech pathologists in Darwin - 1988. Beyond this workshop the Kimberley Early Language Scales were not widely circulated and planned research to take it from its draft form did not proceed for a variety of reasons.

In 1992 the first named revising author commenced working as a speech pathologist for Territory Health Services in the Katherine District.

In 1993 Mills an Aboriginal Liaison Officer also an employee of Territory Health Services in the Katherine District stated in Australian Communication Quarterly in regards to speech pathology intervention in remote Aboriginal communities.

"I don't believe that Aboriginal methods of treatment have been considered to be of any real value or they have been put aside for the purpose of expediency" (Mills,1993, p.9)

This statement was a challenge to speech pathologists to further acknowledge traditional Aboriginal methods in their general service delivery to rural - remote Aboriginal people and to strive towards the development of resources that ensured significant Aboriginal input and acknowledged traditional methods.

Mill's remark was the catalyst for the first redrafting of the Kimberley Early Language Scales and over the next four years the Revised Kimberley Early Language Scales (R.K.E.L.S.) evolved.

The redrafting was completed with significant involvement of linguists, Kriol/English interpreters and Aboriginal language workers of the Katherine Regional Aboriginal Language Centre and this to some extent influences the information within.

The aim of the R.K.E.L.S. is to provide a document that:

will provide a framework on Aboriginal communication development and stimulation for speech pathologists and other health, education workers;

- ensures significant Aboriginal input;
- is linguistically appropriate for Aboriginal people;
- acknowledges the strength and vitality of Aboriginal language stimulation and child rearing techniques;
- specifically states individual stimulation techniques that Aboriginal people use so that they are acknowledged and used in intervention;
- can be used by individuals other than speech pathologists;
- acknowledges the vital importance of interpreters and co-workers in culturally appropriate service delivery.

- is relevant to individuals and communities involved in wider community based health and education programs, e.g. The Strong Women's/Strong Babies Program and The Northern Territory Hearing Program.

The R.K.E.L.S. is not seen as a final document. It is an initial step towards developing frameworks that are culturally appropriate. It is hoped that further interest, discussion, debate and exploration will develop from the R.K.E.L.S. so that Aboriginal child rearing techniques are acknowledged and understood.

"Aboriginal way" needs to be remain "good way" and "strong way" in the area of child rearing.

Not all details of the R.K.E.L.S. will prove to be correct or appropriate and only further work will clarify this.

An example of an item that created debate in the re-drafting of this document were the stimulation techniques of asking a child to listen to or repeat a word. The first named revising author supports that Aboriginal children are asked to listen and copy words. Likewise Lowell (1997, p.22) states that children are prompted to repeat using the word "ma" or "biyuk". Angelo (1997) did not agree that children were regularly asked to repeat or listen to words.

Not everyone who reads or uses this document will agree with the format, presentation, wording and information provided. The R.K.E.L.S. has been completed with the understanding that the information held within is valuable and requires further research and work.

The majority of information contained in the R.K.E.L.S. is undoubtedly known by many Aboriginal people. A shortcoming of the R.K.E.L.S. is that it is not presented in a culturally appropriate medium due to the high levels of literacy required to use the document, the use of Standard English when Standard English may be a second or third language and the written only text format.

Appropriate mediums that could be explored to ensure information within the R.K.E.L.S. is accessible to Aboriginal people include:

- oral presentations completed in English and Kriol to relevant audiences;
- a well illustrated booklet, with a combination of photos and drawings;
- photo "story" displays of the information;
- the development of a video with the information presented in Kriol.

The R.K.E.L.S. was developed using two-way learning, where Aboriginal people worked alongside non Aboriginal people.

For further development of the R.K.E.L.S. or understanding of Aboriginal child rearing techniques a community based program that ensures Aboriginal direction, two way learning, equal roles and strong relationships will be vital.

HOW TO USE THE REVISED KIMBERLEY EARLY LANGUAGE SCALES (R.K.E.L.S.)

The R.K.E.L.S. are to provide a framework or point of reference for individuals including speech pathologists who work with Aboriginal children and families. The framework, through the use of scales, acknowledges language development and language stimulation techniques in remote Aboriginal communities.

The scales begin at infancy and end at three years.

Instructions on completing individual scales are included in the Key Point sections. The Key Point sections also include personal observations, references and discussion points related to language development and stimulation.

The scales are divided into age sections and then further divided into communication stimulation and communication skills.

Although instructions on how to use the scales are included, individuals may choose to use them in a variety of ways. Ideally the R.K.E.L.S. can be used as an observation guide and a basis for working with an Aboriginal co-worker who can facilitate information sharing with the family and identification of a child's skills.

To facilitate information sharing and identification of the child's skills the Aboriginal co-worker is vital with the speech pathologist and the Aboriginal co-worker having equal roles. To assist the Aboriginal co-worker's involvement the speech pathologist needs to outline the following:

- why the child and family are being visited;
- the child's and family's name and the community that they are currently living in;
- the age of the child (making comparisons with children who have appropriate development and with whom the co-worker is familiar);
- any pre-known aetiology's (e.g. cleft palate,) and their possible impact on feeding, communication, speech and language development;
- the skills that will be looked for (including articulation skills, receptive language skills and expressive language skills);
- and the types of "assessment" that the co-worker may facilitate.

All entries on the scales have been reworded by a linguist so that they are more linguistically appropriate for Aboriginal people. Many of the entries have been checked with Aboriginal language workers to ensure that they would be understood by a co-worker.

The R.K.E.L.S. were developed with Kriol/English Interpreters of the Katherine Region and this tool is not meant to replace such input. It is the first named revising author's opinion that assessment of Aboriginal children should not be carried out without the assistance of co-workers who understands the role of the speech pathologist.

Sections of the R.K.E.L.S. allow for semi formal assessment of receptive language skills (understanding of language) in Kriol. Translations have been completed by an Aboriginal language worker and a linguist. Sections that assess receptive language skills should be completed by the interpreter/co-worker with assistance from the speech pathologist.

For use in other Aboriginal languages translations by linguists will be necessary although the objects and concepts used may be appropriate.

LITERATURE REVIEW ON COMMUNICATION DEVELOPMENT/STIMULATION IN REMOTE ABORIGINAL COMMUNITIES

Tonkinson (1991) The Mardu Aborigines: Living the Dream in Australia's Desert

Tonkinson (1991, p. 83) in his ethnographic account of the Mardu Aboriginal people of the Western Desert recognises that Aboriginal infants, toddlers and children are central to the lives of Aboriginal people and states "Mardu society is child centred in the sense that children almost always prevail". Tonkinson (1991) alludes to the differences in child rearing techniques but does not discuss children or their role at any length.

This reading demonstrates that the role of children and child rearing techniques are not always a significant focus of ethnography. In fact they have not been explored extensively. A small number of recent works indicate that in remote areas Aboriginal child rearing techniques have remained strong. These techniques need to be recognised by professionals and be encouraged so that they retain their strength and vitality.

Mary Laughren (1984) Walbiri Baby Talk

Laughren (1984) discusses the methods that Walbiri speaking adults use to simplify the phonological (sound) structure of words. Laughren (1984) refers to this as Walbiri Baby Talk. Walbiri Baby Talk simplifies the number of consonants in a word using a set of regular rules. Not only is the sound structure of words simplified, vocabulary is also simplified so that generic terms rather than a variety of specific terms are used. Certain words are used only with small children and the example of "nyanya" - "food" is given for a word that is used only in "Walbiri Baby Talk".

The use of "Baby Talk" that has structured and comparatively complex rules in Aboriginal languages indicates that Aboriginal people have sophisticated means of encouraging communication development.

Isaacs (1980, p. 176) Australian Dreaming: 40,000 Years of Aboriginal History.

Isaacs (1980, p. 176) maintains that from the time an Aboriginal child is born they are exposed to the Laws of the Dreaming and one of the methods of exposure is through singing songs and "lullabies". When singing "lullabies" the adult places their hands upon the child and sings about the country and the child within it.

Mills (1993) Aboriginal Clients in Rural and Remote Communities

Mills (1993, p.9) discusses different methods of stimulating infants. One technique that she identifies is called "talking through the head", where a mother transfers knowledge to the infant by holding the infant close and instructing from the top of the head. It is likened to singing lullabies, the hands are left free to massage, tickle or otherwise stimulate or sooth the child. Mills (1993) also refers to the use of soft whistling, blowing, light pressure or pulling on the hair or head and chanting for soothing or stimulation purposes.

Mills (1993, p.9) also recognises the use of sign language specific to Aboriginal communities, that varies from area to area.

Anne Jacobs (1988) A Descriptive Study of the Bilingual Language Development of Aboriginal Children in the Eastern Goldfields Region of Western Australia

Jacobs (1988) studied Aboriginal children of the remote Eastern Goldfields and identified that Aboriginal children were exposed to a linguistically rich and complex environment that changed as the child developed. Jacobs (1988) identified a wide variety of methods that Aboriginal adults and children utilise to encourage the communication development of small children including:

- a very physically stimulating environment where the child is vigorously jiggled, kissed, cuddled, pinched and tickled for a response,
- close facial contact and stimulation where imitation of facial expression and vocal play is encouraged,
- the regular calling of an infant's name to encourage visual attention,
- the pointing out of significant objects,
- non-verbal games of showing and giving and showing and hiding,
- the use of rhythm and intonation to teach grammatical structures,
- the use of contrastive (sing song) intonation,
- the use of strong positive reinforcement for communicative attempts,

- the exposure to non-verbal systems of communication,
- and the encouragement of children by adults to repeat words.

Hamilton (1981) Nature and Nurture - Aboriginal Child Rearing in North Central Arnhem Land

Hamilton (1981) spent a period during 1968-69 in the Maningrida Community studying the child rearing practices of Aboriginal people. Her book printed in 1981 is the result of this research. Hamilton (1981) collected data on the communication stimulation of young children, several points are very interesting and include:

- babies are always in physical contact with a person and are virtually never put down
- a variety of systematic gestures are used with very young children as well as a variety of non-verbal sounds including hissing, grunting, lip smacking, tongue clicking.
- adults point out objects and places of importance to young toddlers using a sing song voice

These points are interesting because almost thirty years later a variety of the above techniques were used with the first named revising author's daughter, Melody, by Aboriginal people.

In particular at approximately five to six months Melody was constantly interested and stimulated by hissing noises, rhythmic hand clapping, finger waving, hand shape movements and tongue clicking with close facial contact.

In the first named revising author's work as a speech pathologist details written about by Hamilton (1981) were provided as contemporary cultural advice on child rearing by Kriol/English interpreters and Aboriginal language workers.

Printed in full with the permission of Lowell.

Lowell, Gurimangu, Nyomba and Yingi (1997) Yolngu Ways of Helping Their Children: Communication at Home in an Australian Aboriginal Community.

Introduction

Recent research conducted in a remote Yolngu community in northern Australia has challenged the persisting non-Aboriginal perceptions of Aboriginal socialisation reflected in educational literature and practice (Aboriginal people in this region refer to themselves as *Yolngu* and to non-Aboriginal people as *Balanda*). These perceptions range from an emphasis on a visual rather than verbal orientation to learning, through to underlying assumptions of language deprivation. This article summarises the findings of a preliminary ethnographic study which explored features of family interaction in this community.

All Yolngu children in the community speak a Yolngu language as their first language. (*Yolngu Matha* is a term commonly used by Yolngu and others to refer collectively to Yolngu Languages, and this term is used throughout this paper except when identification of the specific language is relevant). Some children are exposed to more than one language in common use at home, but most learn *Djambarrpuyngu*, a clan language that has become the lingua franca in this community, as their first language. This is the language used in the school as well as for most other purposes in the community, including the clinic, store and council; English has little relevance in everyday interactions. As well, Yolngu languages have only been written down in recent years, and the use of written language is restricted primarily to Western religious and educational contexts. Children of all ages in this community are extensively involved in traditional food gathering and ceremonial activities, as well as Western activities such as basketball or football and watching videos - and some of the children sometimes go to school.

Communication at Home

In this study we explored some of the recurrent features of communicative interaction in six Yolngu families, focusing on Yolngu perceptions about the development of communicative competence in young children and their interpretation of language socialisation practices in their families. Some of the findings are summarised below.

*** The most striking feature of Yolngu family interaction is the rich diversity and intensity of communicative interaction in which Yolngu children are involved from birth.**

As an outsider sitting within a Yolngu family group, the strongest impression is of the incessant communicative interaction in which young children participate, and the large number of people with whom they interact.

In the past there was a widely held (non-Aboriginal) view of Aboriginal children as “language deprived,” and to varying degrees this is still reflected in many educational programs which are implicitly, if not explicitly, compensatory in nature. For example, the majority of Australian Aboriginal children, like many other indigenous children in other countries, experience hearing loss in early childhood, and it is often assumed that they will be more disadvantaged than other children with similar hearing loss - and yet some of these children do not experience the communication and learning difficulties that might be expected (Lowell, 1994). The possibility that there may be protective factors inherent in Aboriginal socialisation practices that minimise the effects in some children has, however, received no consideration. For example, during all the observations of these Yolngu families, babies and young children were involved in almost constant interaction with one or more family members and were exposed to high levels of auditory, visual and tactile stimulation. As well, they are almost always in very close proximity to speakers during all interactions.

One mother described how important it is for the child to be exposed to a lot of talking:

Our language grows - like a river that isn't blocked - it just flows. Child is like a vacuum cleaner - picking up (language).

The central importance of the child's communication development in these families is evident in the amount of time and energy expended on direct facilitation and monitoring of children's development, and is often stated explicitly by family members. For example:

[it is] important for Wamuttjan to learn to communicate amongst kids and adults - important for her future - language is very, very important for her.

*** Verbal interaction frequently has an instructional rather than a social, function: adults' utterances to very young children are purposefully constructed to facilitate understanding and, subsequently, use of language.**

In the cultural context in which the Yolngu child is socialised, knowledge of the complex kinship system is crucial and this is reflected in the predominance of *gurrutu* (kinship) as a topic in interaction with young children in Yolngu families. From the time Yolngu children are born they are constantly told their relationship to people around them, and this continues throughout early childhood. In interaction between adults and older (school-aged) children *gurrutu* is still a frequent topic but the discussion becomes much more complex: for example, telling “history stories” about specific areas of land and its associations with different family members and ancestors; recounting creation stories for specific features of the land; and explaining linkages with other areas.

*** Communication with young children is strongly child-centered, and a range of strategies, such as sign language, simplification (baby talk), repetition and extensive non-verbal cues, are employed to accommodate the child's communicative needs, thus facilitating understanding and learning.**

The strategies used to help children to speak include communicative routines involving modelling and imitation, and testing routines are used by families to check children's receptive and expressive communicative development.

The extent to which adults accommodate the communicative needs of the child, or alternatively, expect the child to accommodate the needs of the adult, is a feature of socialisation that differs across cultures. In Yolngu culture, communicative accommodation appears to be strongly child-centered. Yolngu describe communication with children as “*gung-ga'yun marr ngayi dhu dharrangan bowalamirr dharuk* - helping the child to understand the language”. Family members consistently talk about the need to “make it easy” for the child, and this attitude is reflected in the communicative strategies used by older children and adults in their interactions with infants and young children. Both adults and children very consciously grade the complexity of their input to the child's level by switching their register as required to achieve effective communication.

*** Child-directed speech, which is consistently and consciously simplified, is used widely in these families in their interactions with babies and young children to “make it easier” for the child.**

The features of this register include phonological and morphological simplifications, exaggerated intonation contours, slower rate, frequent repetition, increased use of sign language and other non-verbal cues such as exaggerated lip movements and facial expression. One parent described the register used with young children.

To help her understand, use *gong* (hands), sign language, simple language, *ga action djama* (and using actions) and face changes and change voice...

Initially, utterances are heavily modified. As children get older the phonological modifications in this register appear to decrease in extent and the words gradually become closer approximations of the adult form. For example, the word for “mother” can go through the following stages:

*ama - amama - amala - ngamala -
ngama’ngaandi (adult forms)*

As children’s receptive communication develops, the amount of *daal matha* is gradually increased and the amount of non-vocal input (ie. Yolngu sign language as well as non-verbal cues) is decreased. By pre-school age some children will still use some *yalnnggi matha* but can understand *daal matha*.

However, for children who have any degree of communication difficulty or developmental delay, speakers will continue to use simplified language and additional non-verbal cues at the level required for effective communication to occur. Chronological age or the size of the child do not influence the language register used with the child - this is determined entirely by the developmental stage of the child’s receptive communication.

*** The use of signs in Aboriginal communication is widespread in many parts of Australia.**

The sign language used by Yolngu in East Arnhem Land has been described as an autonomous mode of discourse, which is sometimes used as an alternative to speech (Cooke, 1996). This formal sign language, as well as informal gesture, is used extensively with young children in Yolngu families - but almost always simultaneously with speech. Yolngu use the terms “actions” to refer to all non-vocal forms of communication including sign language, informal gesture or mime, as well as lip reading. It is also often used in the classroom between children who do not want to be heard by the teacher, and by Yolngu educators as part of their communicative repertoire. Actions are also used more extensively with children who have some form of communication difficulty such as delayed development and/or hearing loss - in addition to, but not instead of, spoken language.

*** Another striking feature of interaction with babies and young children is the high level of demand for their visual attention - often using quite forceful strategies.**

With young babies, specific sounds are used to attract their attention (see below) as well as physical contact, which sometimes appears quite rough, such as pinching their cheeks and repositioning their heads.

Very young children are encouraged to focus and maintain a high level of visual attention to non-verbal features of communication. This high level of demand for visual attention is in marked contrast to the low level of expectation for visual attention in older children and adults. It seems this high level of visual attention becomes increasingly redundant as children become more competent communicators, and older children and adult listeners are not expected to signal their attention through watching or responding to, the speaker.

Whereas in western contexts a listener is expected to signal attention with visual and postural orientation towards the speaker, no such expectation is expressed by Yolngu in their interaction with each other. Children are described as “concentrating with their ears but not their eyes” and are considered to be attending even when, by Western criteria, they appear not to be listening. Such cultural differences in listening behaviour can be a source of confusion in interaction between Balanda and Yolngu, for example, when Balanda confuse difference with deficit in their interpretation of attention behaviour.

*** A range of communicative routines are used by Yolngu family members which they describe as a means of testing or checking the child's hearing, for example, or understanding.**

One of the earliest routines observed in interaction with babies is the use of two kinds of stimuli (a higher frequency kissing sound and a lower frequency sound made by vibrating the lips) to check their responsiveness and hearing. Communicative routines such as those described above relate to *gurrutu* (kinship) are also widely used with babies and young children to check comprehension, such as naming of people using the relationship term appropriate for the child or, with older children, asking "wanha [kinship term or name]?" (where is ...?) and observing their non-verbal or verbal response. When children do respond appropriately this is often enthusiastically reinforced and a child's receptive language ability is often commented upon.

Questioning routines are extensively used "to find out if kids are thinking or *baayngu* (not)" and for "checking understanding, encouraging them, making them understand". Counting routines and identification of body parts are also sometimes used, apparently with children who attend preschool. However, by far the most prevalent checks of receptive communication relate to the child's knowledge of *gurrutu* (kinship). This is in marked contrast to Western culture in which routines related to knowledge of names or physical attributes of things, people or animals prevail. For Yolngu children it is the recognition of people, places and animals based on their identity in terms of their relationship to the child that is of paramount importance.

*** Meaning is attributed to children's vocalisations from a very young age - babies only a few weeks old are described as "talking".**

Their vocalisations are interpreted as having communicative intent and are often identified as approximations to words, although most behaviours described as "communication" in infants are acknowledged to be non-verbal. Yolngu descriptions about how expressive communication develops are consistent with the concept of acquisition, rather than learning - "children don't learn language, it's in their blood" - but, as with receptive communication, they do describe ways in which they make it easier for the child.

Even in the earliest stages of expressive communication (both spoken and sign) development, attempts by adults and other children to encourage the infant to imitate are common - sometimes using an oral stimulus only but often using sign language simultaneously. Modelling and imitation routines are used as an instructional strategy, as described above, to facilitate children's language development and to check their level of competence. One family member explained that for his son he: cut names into something he can pick up: *atha* for *ngatha* ..*atja/ata* for Yangatja; *apa* for Lawurra - get him to repeat *yalnggi* language - say it again say it again - so he will grow stronger and stronger.

Prompts such as "*ma!*" (go on!) and "*biyak!*" (like this!) occur frequently in adult utterances to young children, but there is no expectation that a child comply with these attempts to get them to imitate: if it happens, the child sometimes, but not always, receives some form of positive reinforcement; and if the child doesn't respond there may be many repetitions of the model but never any reprimand for non-compliance. These prompts can be heard again and again in interaction with young children.

Conclusion

These findings strongly confirm the importance of improving our understanding of Aboriginal children's communicative, social and cultural environment. Such knowledge is essential to assist non-Aboriginal people to differentiate between communication difference and communication deficit, and to ensure that children who are, in fact, experiencing language-learning difficulties are accurately identified and receive appropriate support.

The findings of this study also strongly suggest that non-verbal strategies do not predominate in Yolngu instructional interaction with young children. The extensive use of question and answer routines and verbal instruction observed in this community are at odds with the widespread belief that these are not features of Aboriginal learning.

A deeper understanding of the stages and sequence of Aboriginal children's language development, as well as the social and cultural contexts in which it occurs, is essential. Only through improving our understanding about the true nature of cultural differences in communication and learning can such

differences become sources of strength rather than obstacles in our attempts to provide services such as speech pathology to Aboriginal children.

THE REVISED KIMBERLEY EARLY LANGUAGE SCALES

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CASE HISTORY FORM

Name	
DOB	
Age	
Date and Place of Assessment	
Date of Review(s)	
Speech Pathologist	
Co-Worker/Interpreter	
Paediatrician	
Child's Current Community	
Child's Main Community	
Main Carers	

EXTENDED FAMILY DETAILS

Family Member	Name	Main Community	Main Language
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Mother			
Father			
Siblings			
(1)			
(2)			
(3)			
(4)			
(5)			

CASE HISTORY - KEY POINTS

- Speech Pathologist/Therapist

The document was developed so that it could be administered by a speech pathologist or another health professional in conjunction with an Aboriginal co-worker.

- Co-Worker/Interpreter

When this tool is completed in rural remote Aboriginal communities a co-worker\ interpreter should be consistently present to assist in interpreting, providing cultural advice and assisting the relationship between the speech pathologist and client. Speech pathologists need to be guided and taught by Aboriginal co-workers, a two way learning process is imperative.

- Child's Current Community /Child's Main Community

Aboriginal families do not always reside in the same Aboriginal community. In the "Dry" families may move to more remote outstations of a community and then during the wet when outstations can become inaccessible by road families may move to a main Aboriginal community. Families may also move between outstations and communities for ceremonial and other reasons.

- Main Carers

A biological mother and/or father may not necessarily be the main carer of the child. An Aboriginal child may temporarily or permanently be cared for by other family or community/camp members. Children may not necessarily always be cared for by the one family and as a result the child may move between communities.

- Extended Family Details

This section is to assist the therapist to identify where the Aboriginal family is from, the possible languages that the child is exposed to and where the family may reside at different times.

- Language/s of Child's Main Community

It is valuable to identify the main languages that are spoken in the community that the child usually lives in. This establishes a clearer picture of the languages that the child is potentially exposed to. Aboriginal children in remote areas may be exposed to Kriol, traditional languages or Aboriginal English. It is very possible that Aboriginal children under three years will have no regular exposure to Standard English.

- Language of Home Instruction

It is important to identify the main Aboriginal language used with the child. This is easier said than done as although Aboriginal people may use Kriol as a first language they may not have a name for "Kriol". When asked do you speak "Kriol" they may reply no. Angelo (1997) states that in response to a question that queries the language of home instruction Aboriginal people will usually give a traditional language.

Bochenek (1997) states that one of the language issues in the Kimberley is that not all children speak Kriol. Some use a "home" language\s and or dialects, Kriol and or Aboriginal English or a combination of these according to the communication partner.

- Cultural Explanations

Families may have cultural reasons or explanations for a child's disability this may possibly be linked to a child's Dreaming, sorcery or other cultural explanations.

Hamilton (1981) discusses the concept of a child's Dreaming leaving a mark on the child. This cultural explanation was supported by the first named revising author's work with children who had a facial abnormality with the cleft or facial malformation being linked to the child's Dreaming.

COMMUNICATION SKILLS OF THE INFANT

0-3 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby moves when it hears a voice				
Baby goes quiet when it hears a voice it knows				
Baby takes notice of peoples' mouths when they talk.				
Baby looks at Mummy's eyes for a short time when feeding				
Baby looks at people's funny faces				
Baby makes noises in its throat				
Baby makes noises when it is happy				
Baby makes noises when it sees a grown up talk and smile				

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE INFANT

0-3 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby laughs when it sees something funny happen				
Family can make baby smile				
Baby cries to say no				
Baby cries to ask for something, like milk, cuddle.				
Baby cries because it wants to be picked up.				
Baby stops crying a little bit when it is picked up				

O - Observed

E - Elicited

R - Reported

SCALES - KEY POINTS

- O, E, R, These categories have been included to encourage the therapist to tick the relevant boxes for each skill and provide an example. Trialing of the tool would allow further description of Aboriginal communication development and stimulation techniques.
- The Elicited Section is valuable as personally I found when working with a culturally skilled interpreter, the interpreter was usually able to elicit communication behaviours or request carers to do so.
- The Reported Section is valuable as I personally found that Aboriginal carers could accurately describe their children's development in detail.
- Comments The comments section is to add any variation or exceptions in behaviour and to note information that the therapist or co-worker considers relevant.

Skills and communication stimulation techniques are sectioned into developmental stages using age. This is to allow the therapists to take relevant sections of the tool on a home visit rather than the complete tool. From my experience Aboriginal families do not regard age as an important developmental guide rather they compare children to the general peer group and describe development stages by a main visual feature. Hamilton (1984, p.16) discusses terminology used in Arnhem Land to describe Aboriginal children's developmental stages including the tiny one (new born), the smile (3-6 weeks), sitting up (6 months), the frightened one (18-24 months), the cheeky one (3 years), the kid mob (5 years).

COMMUNICATION SKILLS OF THE INFANT

3-6 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby looks family call name				
Baby looks around for the grown-up who is talking				
Baby smiles when people touch him				
Baby smiles when people look at him				
Baby knows when food (milk) is coming				
Baby makes happy sounds when drinking				
Baby makes a noise when baby hears family talking				
*Baby tries to take turns with somebody talking/ making noise (Grown-up talks baby talks)				

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE INFANT

3-6 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby cries when angry				
Baby wants to talk to somebody so baby makes a noise				
Baby laughs				
Baby squeals				
**Baby coos (Baby makes noises in throat - called baby talk)				
Baby coughs				

* These skills may be more appropriate in the six-nine months section

** According to Raymond and Huddleston (1997) cooing is one of a variety of behaviours that are known as "Baby Talk"

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE BABY

6-9 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby knows name and stops when it is called				
Baby knows some simple family names or terms (Mummy, sister, brother)				
Baby keeps looking when someone is talking or making sounds				
Baby wants to be with people				
Baby is a little bit frightened when Mummy goes away				
Baby looks for things				
Baby likes to play games with family.				
Baby smiles and laughs when it plays games				

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE BABY

6-9 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
**Baby shows hand signs to grown-up				
Baby points to something with hands or eyes				
Baby tries to copy funny faces				
Baby touches a couple of times when it wants somebody or something				
Baby looks for breast by making a noise and pulling mummy's clothes.				
Baby makes a noise when something moves				
Baby makes four different sounds eg: ma, ba, ga, da				
Baby can make sounds together like mama, gaga, daga				

* Angelo (1997) states that small children may not be referred to by their specific name but more general terms like "baby girl", therefore response to these terms would be observed for.

** Need to clarify if showing of hand signs is region specific - Angelo (1997) states the use of hand sign with small children is common in the Katherine Region.

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE BABY

9-12 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Family call baby's name and baby looks at them				
Family say dog/pap pap and baby looks at dog/pap pap				
Family says brother, sister; baby looks at brother (using traditional language terms)				
Baby shows off when grown up asks it to				
Family asks a baby for something and baby gives it "gibit mami-with hand out, palm up"				
* Family show food and says nya-nya and baby opens mouth				
Baby listens to new words				
Baby uses hand signs to ask for things.				
Baby points to things				

-
- * nya- nya was a baby talk term used for food that was observed in some communities of the Katherine Region

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE BABY

9-12 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Baby puts out hand to show something				
Baby lifts up hands and somebody picks him up				
Baby sings out a lot for things				
Baby sings out for somebody				
Baby cries when it wants to play a different game				
Baby begins to say mummy or daddy				
Baby tries to copy ga ga and ma ma				
Baby copies noises (tongue clicking, lip smacking)				

O = Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER

12-18 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
*Little boy can show ball and car when you ask him				
** Little boy can show nose and mouth when you ask him (2 body parts)				
Little boy gives when grown-up says gibit mami (give it to mummy)				
Little boy shows things				
Little boy shakes head for no				
Little boy talks sing song				

Continue

Little boy uses hand and calls to get what he wants				
Little boy likes to talk with kids				
Little boy points to things				
Little boy shows or gives things				
Little boy can show:				
- throw a ball				
- drink out of cup				
- kick and chuck a ball				
Little boy can find toys they can't see eg. truck outside				

* little boy is used to describe little boy and little girl

** note Lowell et al (1997) comments on receptive language

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER

18-24 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
When grown-up says sit down, come, eat, drink, little boy can do it (first language)				
Little boy shows off dancing (ma,yu dens na - you dance now)				
*Little boy can go pick up a toy and bring it back (two step command)				
Little boy can understand new words fast				
Formal Receptive Testing: 1. Body Part Identification				
1.1 Little boy can show nose when you ask him				
1.2 Little boy can show mouth when you ask him				
1.3 Little boy can show head when you ask him				
1.4 Little boy can show eye when you ask him				

*Wording may need to be changed

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER

18-24 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
2.** Object Identification: (Kriol)				
Little boy can choose one thing from a group of things when you ask him				
2.1 Wije det bol (where's that ball)				
2.2 Wije det beibi (where's that baby)				
2.3 Wije det modika (where's that car)				
2.4 Wije det bigibigi (where's that pig)				
2.5 Wije det kap (where's that cup)				
2.6 Wije det pap-pap (where's that dog)				

** The translations have been completed by Denise Angelo (Linguist) and Barbara Raymond (Interpreter) from the Katherine Regional Aboriginal Language Centre - they state "The Kriol interpreter will need training from the Speech Therapist."

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER

18-24 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Little boy takes grown up to get something				
Little boy points with hand to get something				
Little boy uses sing song noises that sound like grown up talking				
Little boy calls own name				
*Little boy puts two words together				
**Little boy talks and plays (self talk)				

* This needs to be monitored - Are Aboriginal children of remote areas consistently moving from one word sentences to three to four word sentences rapidly?

** This means boy uses "self talk" during play.

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER 18-24 MONTHS - KEYPOINTS

- Little boy shows off dancing. Raymond & Huddleston (1997) state that children are encouraged to dance by being told to. "Ma yu dens na'. Children from when they are born are taken to dances (ie corroborees, ceremonies) so they know what the word dance means".

Angelo (1997) states - I have also observed that very young children (just walking) are encouraged to dance by family members clapping a particular rhythm that signifies a particular dance. I have also seen family members do particular arm and hand movements for very young children which they are meant to imitate or perform. There is a great emphasis on performance, such as story telling or dancing.

- Formal Receptive Testing- The objects and body parts selected by Raymond and Angelo were considered words\concepts that would be identifiable to Aboriginal children of the Katherine Region. Lowell et al's (1997) work suggests that family relationships are taught at an early age and are a guide for receptive language. The first named author recommends that both be used as a receptive language guide, at least initially for trial purposes.

COMMUNICATION SKILLS OF THE TODDLER

24-30 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Little boy knows family names (both relationship term and first name)				
Little boy answers a grown-up				
1. Formal Receptive Testing Body Part Identification				
1.1 Little boy can show nose when you ask him				
1.2 Little boy can show mouth when you ask him				
1.3 Little boy can show head when you ask him				
1.4 Little boy can show eye when you ask him				
1.5 Little boy can show foot when you ask him.				

COMMUNICATION SKILLS OF THE TODDLER

24-30 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
1.6 Little boy can show hand when you ask him.				
2. Family identification				
2.1 Little boy can show mummy and grandma when you ask him.				
2.2 Little boy can show sister and brother when you ask him.				
*Little boy puts two and three words together				
Little boy likes to copy words				
Little boy tells what he wants				

*This needs to be monitored.

O - Observed

E - Elicited

R - Reported

COMMUNICATION SKILLS OF THE TODDLER

30-36 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Little boy begins to know long sentences (3 step related command with gesture)				
Little boy understands words one and mob				
Little boy knows words big and little (bigwan) (lilwan)				
Little boys knows doing words throw, run, walk, drink, dance				

Continue

1. Formal Receptive Testing				
Little boy knows what things are used for; (identify objects by function)				
1.1 Wijan yu kukum daga garrim? (which one do you cook tucker with - fry pan, saucepan)				
1.2 Wijan yu silip garrim? (which one do you sleep with - blanket)				
1.3 Wijan yu gada tjakim? (which one would you throw - stone)				

COMMUNICATION SKILLS OF THE TODDLER

30-36 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
1.4 Wijan yu kadimap bif garrim? (which one do you cut up beef with - knife)				
Little boy says 2 - 3 words together eg: no car - can say nomo najing (negative)				
Little boy can say run, sit, jump (first language)				
Little boy can say gelwan, boiwan (knows gender)				
Little boy can say la/langa (prepositions)				

COMMUNICATION SKILLS OF THE TODDLER

30-36 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Little boy can say family (relationship/names)				
Little boy likes to say words				
Little boy tells what he wants				

*These translations were completed by Raymond (Kriol Interpreter) and Angelo (Linguist).

O - Observed

E - Elicited

R - Reported

COMMUNICATION STIMULATION OF THE INFANT

0-3 MONTHS	O (Give one or more examples)	COMMENTS
Family call baby's name a lot		
Family smile at baby when it looks		
Family tell baby who a family member is (mummy, brother, sister - using traditional language terms)		
Mummy feeds the baby every time it is hungry (demand feeding & regular feeding)		
Family give baby little bites to make him make a noise		
Nobody lets baby cry for long		
Family talk close to baby's face		

O - Observed

COMMUNICATION STIMULATION OF THE INFANT

0-3 MONTHS	O (Give one or more examples)	COMMENTS
Family kiss the baby hard on the face		
Family hold baby when it cries.		
Family cuddle, pat and bounce baby		
Family is always with baby		
Family make hand shapes for baby to watch		
Family clap, wriggle fingers, click fingers for baby to watch		
Family are excited and tell one another about what baby does		
Family <u>laugh</u> and <u>smile</u> when baby smiles and looks.		

O - Observed

COMMUNICATION STIMULATION OF THE INFANT

0-3 MONTHS	O (Give one or more examples)	COMMENTS
Family put hands on baby and sings to make him sleep		

O - Observed

NB: In a Hospital/Clinical environment some of the above stimulation techniques are not seen. They are best observed in the home/camp environment

COMMUNICATION STIMULATION 0-3 MONTHS - KEY POINTS

- Observed/Comments-Communication stimulation is divided into observed and comments. In the observed section the therapist is encouraged to provide examples and description of the communication stimulation techniques observed. The comments section is to write information considered important to the assessment.
- The word family is used frequently as all members of the extended Aboriginal family including children stimulate infants. Families usually spend significant amounts of time stimulating their children and enjoyment and delight are derived from doing so.
- Aboriginal infants are very rarely or never left alone. (Hamilton, 1981, Raymond, 1996). They do not sleep or nap alone like non-Aboriginal children and no emphasis is placed on developing a routine for the child. From personal discussion it appears that small children are encouraged to sleep through the night.
- Continued distressed crying is not considered “healthy” or “good” for babies and an Aboriginal infant is always soothed or breast fed to terminate tears. (Raymond, 1996)
- Infants are encouraged to be visually and auditorily alert. (Huddleston,1996)
- Place of Assessment.- Place of assessment is important. According to Huddleston and Raymond (1996) families and young children are most comfortable in their own home or camp area and not the speech therapy or community clinic.
- During 1995-1996, as this tool was used, visits to communities on the east of Katherine were completed. On all visits a student or qualified interpreter attended. Children were usually seen in their camp area but not inside the house. Permission to see the child and family in the camp area was always requested with assistance from the Kriol/English Interpreter.
- The Kriol/English interpreters were often familiar with the client as they themselves were born to the East of Katherine and usually had kinship relationships.
- The links of the interpreters to the East were an important rationale for concentrating services to the East. Personal relationships are important in service delivery to Aboriginal communities.

COMMUNICATION STIMULATION OF THE INFANT

3-6 MONTHS	O (Give one or more examples)	COMMENTS
Family call baby's name a lot and smile, laugh and talk loudly when baby looks		
Family smile, laugh and talk loudly at baby when baby looks		
Family tell baby who a family member is (mummy, brother, sister - using traditional language terms)		
Mummy feeds baby every time baby wants (demand feeding & regular feeding)		
Family give baby little bites to make him make a noise		
Family kiss baby hard on the face		
Family talk close to baby's face		

O - Observed

COMMUNICATION STIMULATION OF THE BABY

6-9 MONTHS	O (Give one or more examples)	COMMENTS
Family call name and smile when baby looks		
Mummy gives the baby breast when it cries long and loud.		
Grown-up says "Gibit mami" (give it to mummy) and puts hand out		
Family tell baby who somebody is		
Family tell baby what that thing is		
Grown-up talks like they are singing ("sing song intonation" - exaggerated intonation)		
Grown-up puts baby on lap and shows hand signs.		
Family make noise with their lips and tongue (lip smacking, tongue clicking, hissing)		
Family play close up to baby's face		
Family talk and make noises close up to that baby		

COMMUNICATION STIMULATION OF THE BABY

6-9 MONTHS	O (Give one or more examples)	COMMENTS
Family are always with baby		
Family do not let baby cry for long		
Grown-up claps hands for baby to listen to (rhythmic clapping)		
* Grown-up sits baby on their lap facing them and makes noises for baby to watch and hear		
People talk about what baby does (eg. lmin luk yu - she looked at you)		

* Observed at Ngukurr unsure if this is a technique that is consistently used - Angelo (1997) states this is common once a child can sit.

O - Observed

COMMUNICATION STIMULATION 6-9 MONTHS - KEY POINTS

Angelo states (1997) "I have also noticed that it is also common for people to comment to each other about what a young child does or says: lmin kolim det neim (He/she said that word/name); lmin luk you (he looked at you) etc. A child growing up in a community is growing up with lots of people around all the time, so he/she has a running commentary on his actions and his verbalisations, which functions as feedback. Interestingly, this commentary is usually in the 3rd person; for non- Aboriginal children, it is my observation that a family usually comment directly to the child about what he/she said eg Who can you see - that is your brother or You like that don't you".

In regards to use of hand sign with children Angelo (1997) states grown ups put babies on their laps facing away from their faces and do hand signs for them, they are shown with greater exaggeration than usually used and are produced slowly for the child , sometimes the verbal language correspondent is provided.

eg adult positions hand palm down, fingers spread slightly, then fingers are flicked over so that the palm faces upwards with the palm cupped, verbal correspondent might be "wanim ?" what?

COMMUNICATION STIMULATION OF THE INFANT

3-6 MONTHS	O (Give one or more examples)	COMMENTS
Nobody likes baby to cry for long		
Family hold baby when baby cries		
Family cuddle, pat and bounce baby		
Family are always with baby		
Family make hand shapes for baby to watch		
Family clap, wriggle fingers, click fingers for baby to watch		
Family hold babies head to look at things.		
Family move babies head to look at things		

O - Observed

COMMUNICATION STIMULATION OF THE INFANT

3-6 MONTHS	O (Give one or more examples)	COMMENTS
Family put hands on baby and sings to make him sleep.		
* Family put hands on baby and tell him things		
Family make noises with their lips close up to baby		
Family make noises with their tongues (ss-ss-ss) close up to baby		
Family click their tongues close up to baby		
Family make noises for baby		
Family clap hands for baby to listen to (clap rhythms)		
Family talk like they are singing (sing song - strong intonation)		
Family talk to each other about what baby does (eg lmin luk yu - she looked at you)		

O - Observed

* Never observed but described to me by Cathy Mills and read about.

COMMUNICATION STIMULATION 3-6 MONTHS - KEY POINTS

- According to Hamilton (1981) during infancy Aboriginal children are more consistently stimulated by non-verbal sounds (vocalisations) and gestures rather than verbalisation's. Vocalisations including hissing grunting, lip smacking, and tongue clicking accompanied by close facial contact. This is not supported by Lowell et al's (1997) recent work.
- Hamilton (1981, p 42) also describes several systematic gestures used with infants.
- From observations of my daughter Melody at a similar age she was constantly stimulated by vocalisations and gesture including finger waving, hand clapping, rhythmic hand clapping, the showing of varying hand shapes, hissing and tongue clicking. This stimulation was accompanied with close facial contact and strong eye contact.

COMMUNICATION STIMULATION OF THE BABY

9-12 MONTHS	O (Give one or more examples)	COMMENTS
Family say same word many times to baby eg:		
Fat one - comment		
Look out - warn		
Come here - instruct		
Pup Pup - lexicon		
Look, sit down - action		
Give it mummy - request		
Baby asked to hear/listen to words (eg. Yu irrim na-irri na You hear it now).		
*Grown-up uses eyes to stop baby		
Grown-up uses "baby talk" with baby		
Grown-up asks baby to look at something		
Grown up talks about what baby does to somebody (eg lmin luk you - she looks at you)		

*Need to identify if strong use of eye contact and eye facial expression is region specific

**Please also note stimulation techniques of 3-6 months and 6-9 months as not all techniques that may still be occurring at 9-12 months are relisted in this section.

O - Observed

COMMUNICATION STIMULATION 9-12 MONTHS - KEY POINTS

- At a point in a baby's development Aboriginal people begin to regularly point out objects, people and land formations. The child may be cued to listen to the accompanying word. In Kriol the child was requested to:

Yu irrim na-shortened to irri na which translates to - you listen now. This cue is then followed by the word

eg: Yu irrim na - pup pup.

- This technique is often accompanied by strong intonation patterns face and body gesture. This technique was observed by the main revising author and described by Huddleston (1997) but has not been observed by Angelo.
- Loughton (1984) recognises the use of "Baby Talk" in the Walbiri language. Walbiri Baby Talk is marked by:
 - ⇒ consistent phonological rules that simplify the sound structure of words
 - ⇒ use of certain words that are used only with small children
 - ⇒ simplification of kin terms

From my observation a form of Baby Talk occurs in the Kriol language one of the main Aboriginal Languages of the Katherine and Kimberley Regions.

COMMUNICATION STIMULATION OF THE TODDLER

12-24 MONTHS	O (Give one or more examples)	COMMENTS
*Grown-ups tell little boy to say name after them (ma, yu tak na laigi jad)		
**Grown-ups tell little boy to say words after them eg. knife - when grown up is cooking, fishing - when grown ups are fishing		
Little boy does not walk in the bush alone or around alone (out of sight of groups of children or adults)		

*Ma - Angelo (1997) states that ma is a participle that is used to encourage or urge someone to do something. It is used to request a child to repeat a word although there is no expectation that the child will comply.

Yu tak na laigi jad - translates to you talk now like that. There is some debate whether these techniques * and ** are used.

**Objects or action words that the grown up asks the child to repeat are always visible.

O - Observed

COMMUNICATION STIMULATION OF THE TODDLER

12-24 MONTHS - KEYPOINTS

In regards to the use of the term “ma” Angelo (1997) states “I’ve rarely heard an Aboriginal person tell a child the right way of saying something. Much more usual is that there is a running commentary on what children say amongst the people around them. If children say something oddly, then people usually find it remarkable and possibly amusing. They tend to repeat it amongst themselves and maybe they have a laugh about it. In this way children constantly hear the adults’ reactions to their language production. I’ve heard adults slowly repeat difficult non- Aboriginal names for children so that they can pick up the pronunciation correctly.... However, this seems to me to be fairly unusual behaviour for a very specialised set of vocabulary items (ie. they are actually foreign words).”

This conflicts with work completed by Lowell et al (1997) and some of the first named author’s observations. The term “ma may be used to urge or encourage children to say words but thir is no expectation that they will and no consequences if they do not. Ma is not in the first named author’s opinion used to encourage correct pronunciation.

This section needs expansion and further extensive discussion with Aboriginal people.

COMMUNICATION STIMULATION OF THE TODDLER

24-30 MONTHS	O (Give one or more examples)	COMMENTS
Little boy begins to play a lot with other children		
Grown ups and children talk around fire		
*Grown ups and children talk around a painting		
*Grown ups and children sit and tell stories		
*Grown ups tell stories about Law		

*These need more discussion

O - Observed

COMMUNICATION SKILLS AND STIMULATION 24-30 MONTHS - KEYPOINTS

These sections need expansion and extensive discussion with Aboriginal people.

COMMUNICATION STIMULATION OF THE TODDLER

30-36 MONTHS	O (Give one or more examples)	E (Give one or more examples)	R (Give one or more examples)	COMMENTS (Note variations or exceptions in behaviour)
Adult talks about things like colour, size etc.				
Grown up tells the child the names of things				
Grown up tells child about things that are happening				
Grown up sings songs to the child				
Grown up tells stories				

COMMUNICATION SKILLS AND STIMULATION 30-36 MONTHS KEYPOINTS

This section needs expansion and further extensive discussion with Aboriginal people.