Indigenous Language Access Final Report

Provincial Language Services

Submitted by
VANESSA MITCHELL, CONSULTANT

Recognize they are royalty for their knowledge, wisdom, and the lineage they come from

Quote from Participant

We raise our hands up to all the participants for their wisdom and their time. Their sharing was personal, honest, heartfelt, and invaluable.

We acknowledge Provincial Language Services for taking the initiative towards acknowledging the gap in Indigenous language services and for working towards reconciliation.

May 2023
PHSA Provincial Language Services - Indigenous Language Access Final Report
Submitted by Vanessa Mitchell and Jami Tonasket

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Acronyms

ASL – American Sign Language
FNHA – First Nations Health Authority
FPCC – First Peoples' Cultural Council
NWT – Northwest Territories
PHSA – Provincial Health Services Authority
PLS – Provincial Language Services

Executive Summary

Provincial Language Services (PLS), a program of the Provincial Health Services Authority (PHSA), in partnership with Indigenous partners, is proposing to expand its existing services. BC is host to four language constituent groups: immigrant and refugee language communities, minority language communities (French), Deaf, Deaf-Blind, and Hard of Hearing language (ASL) communities, and Indigenous language communities. As a program with a provincial scope, PLS currently serves three of the four language constituent groups. Indigenous language services have not been provided as an offering of PLS services. For PLS to implement a culturally safe and appropriate Indigenous languages access model for PHSA and Regional Health Authorities they seek to conduct a phased-in approach: Phase 1 community/stakeholder engagement and needs clarity and Phase 2 program development and implementation. The language access model is intended to respond to existing gaps in services offered and tailored for/by Indigenous Peoples and further contribute to addressing structural barriers that can result in inequitable health outcomes and access to health care services.

Provincial Language Services recognizes that the model needs to be created by Indigenous peoples themselves. Therefore, PLS contracted Vanessa Mitchell, a syilx/Okanagan consultant. Throughout her career, she has worked with Elders, youth, and leadership in urban and on-reserve communities to engage in conversations around community wellness rooted in traditional protocols and practices to guide programs, services, research, and strategic plans. Vanessa's strong belief in upholding community ethics and protocols helped navigate the development of this project focused on Indigenous language services.

This project achieved a saturation of findings. The four main themes that came out of Phase 1 were (1) process of access, (2) protocols and cultural safety, (3) model of employment, and (4) terminology. The message has been clear that all processes of access need to be kept simple and easily accessible for all Indigenous peoples. To elevate protocols and cultural safety within the healthcare system it must be understood that Indigenous peoples are deeply rooted in kinship, therefore ceremony and spirituality must be seen as interconnected within Indigenous ways of knowing wellness and balance. The model of employment must have equal support and parity of services towards Indigenous interpreters and translators as they are navigating and advocating for community-based protocols. The Indigenous participants identified the need for cross-cultural learning and processing to occur to ensure there is understanding and clarity of the medical terminology and care.

Background

There exist 12 distinct Indigenous language families in Canada, of those 7 are exclusively in BC which represents more than 50% of First Nation languages in Canada. Language is interconnected in every aspect of Indigenous peoples' ways of knowing and being. Language is not limited to colonial borders. No matter where we live, we are connected to our community, language, and to our culture. Therefore, language is not constrained by urban/rural/away-from-home/on-reserve diasporic conversations.

In relation to Indigenous languages, these reports[1] and their calls to action and justice highlight the critical colonial context of health care. Colonization has attempted to eliminate Indigenous peoples and eradicate their languages through violence and oppression that were legally sanctioned through government policies, including the Indian Act. It is recognized that systems, such as health care, are rooted in colonialism and have a need to decolonize. PLS recognizes the harm it has and can continue to cause, which includes understanding Indigenous peoples' histories and barriers to access.

Literature Review

> *"…translations must be embedded in a sociocultural context; the work of the translator is not simply to translate words and phrases, but to translate worldviews."*[2]

Understanding has increased over the years that Indigenous language initiatives, including revitalization, are intricately connected to the health and well-being of Indigenous peoples. This has been articulated through various reports, such as the Truth and Reconciliation Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples, the United Nations declared Decade of Indigenous Languages from 2022-2032, and the 2020 amended Indigenous Language Act, just to name a few. When looking at Indigenous interpreter and translator initiatives as a way of responding and advancing these calls to action within the realm of health, the complexity of this endeavour cannot be underscored. This literature review aims to provide a snapshot of

[1] The Declaration on the Rights of Indigenous Peoples Act (British Columbia) (DRIPA) and the Calls to Action of the Truth and Reconciliation Commission of Canada (the TRC), the Calls for Justice delivered by the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), the November 2020 In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care report.
[2] Bliss, H. (2022). Translation and Interpretation of Government Communications for Indigenous Language Revitalization. [Unpublished manuscript]

the conversations within the past five years about the impact of Indigenous language becoming incorporated into the interpreter and translator services within healthcare.

There were seven First Peoples' Cultural Council documents that were reviewed. Out of the seven only one was beyond the scope of this review as the intent was to only go back five years. FPCC's mandate is directly tied to revitalization initiatives of BC First Nations in the areas of language, art, culture, and heritage. Five of the documents consisted of fact sheets around the language diversity that exists in BC, tips for being successful in language learning, a list of goals for the decade of Indigenous language, a literal list of First Nations languages in BC (language family, language name, dialects, and corresponding communities). The lengthiest document was the 2018 Report on the Status of BC First Nations Languages and, as of February 2023, the 2022 edition of the report was published. This is a key report for FPCC, and it highlights, who is FPCC, what is the status of First Nations languages in BC, and what can be done to further support revitalization initiatives.

Both articles, Northwest Territories Indigenous Languages Action Plan 2018-2025 and the Australian Protocol on Indigenous Language Interpreting, recognize that revitalization is a large task and as a result outline 'how to' implement their respective frameworks and policies for their partners and stakeholders in regard to interpreting and revitalization efforts. Another article from the Northwest Territories, Indigenous Language Interpreter-Translators, hosts a literal list of self-identified private contracted interpreter-translator services.

In the article, Inuit Interpreters Engaged in End-of-Life Care in Nunavik, Northern Quebec, the key point highlighted is how interpreters are a vital aspect of health literacy in that they ensure a person has all of their basic health information so that they are able to make an informed decision about their care and/or treatment plan. The findings within this research are understanding that interpreters' roles are diverse, that cultural and linguistic training and resources are necessary, and that there are ethical issues to be prepared for in end-of-life care.

In this review there were three that stood out and they were the unpublished manuscript entitled Translation and Interpretation of Government Communications for Indigenous Language Revitalization, the Assembly of First Nation's Guide to an Act Respecting Indigenous Language: A Tool for First Nations Indigenous Revitalization, and even though it is outdated the 2007 National Standard Guide for Community Interpreting Services. A fourth article bodes reference, although the formatting of it was difficult to read and follow, it had good information to contribute to the relevance of interpreting. The three articles identified above, when considered as a collective, contain information

that would be relevant when looking to pilot an Indigenous language interpreting and translating program. The AFN guide is literally a ‘how to’ implement legislation as an instrument for language revitalization which is important as it can be challenging to understand how to move beyond theory to tangible action. Whereas the National Standard is intended to be an educational tool and within it there are definitions, terminology, human resource requirements, standards of practices, ethical considerations, and an attempt to outline the roles and responsibilities of a patient or client and of an interpreter. Finally, in the unpublished manuscript, there is an acknowledgment that for interpreting and translating services there exists a complexity of need, capacity, and values. Within this document, there are discussions of capacity and literacy, as well as recognition that there can be reluctance from Indigenous communities to move from an oral tradition of language to a written recorded one.

While reviewing the following articles: Translation and Interpretation of Government Communication for Indigenous Language Revitalization, Healthcare interpreting-Requirements and Recommendations, National Standard Guide for Community Interpreting Services, Protocol on Indigenous Language Interpreting, Assembly of First Nations: A Guide to An Act respecting Indigenous Languages: A Tool for First Nations Language Revitalization, NWT Indigenous Language Action Plan and the First Peoples Cultural Council articles it has been determined that all articles have good information that may be used as teaching tools, language resources, and or a stepping stone to creating a guide, action plan or putting together a report regarding the healthcare system surrounding Indigenous languages translation and interpretation. For the purposes of PHSA this information would be useful to know and understand how to provide services for language speakers in Indigenous languages. Indigenous support workers, elders, and fluent speakers would have to be brought in to help with language use, speaking, and interpreting for those who need an Indigenous translator(s), including appropriate signage.

The articles from the FPCC are useful background information regarding Indigenous languages and revitalization as some of them are more than 5 years old. A recommendation that may be useful for the FPCC website is to have language written, spoken, recorded, and perhaps QR Coded. The language information will be helpful for providing information on the numbers from 2010 of fluent speakers. However, it is important to note that the number has since changed and will continue to fluctuate as language is living and communities are at different places of revitalization. Research would have to be conducted to bring the current information up to date. It must also be noted that during this project of Indigenous Language Access, that staff of the FPCC shared that they had recently initiated an informal interpreter and translator list, which has 22 volunteers.

Translation and Interpretation of Government Communication for Indigenous Language Revitalization has a large amount of vital information that would be helpful for this project that is being worked on. It provides good background information and explains in detail how there is a gap in interpreting and translating Indigenous languages. This article would be a great resource for reports, putting this project into action, and for teaching purposes for addressing the gaps as outlined throughout this report. This article also speaks about the Microsoft translator tool and how it may provide usefulness to support translating services, however, it has its limitations and is not ideal as a language tool. The tool does not always benefit all language learners and language speakers and is inaccessible to those who cannot utilize the Internet. When it comes to linguistics and the use of the tool, fluent language speakers find that words are changed, spelling is challenging, and often the words and spelling are not the way speakers feel that the language should be taught or used in an everyday context. Healthcare organizations need to ensure there is a process for consulting fluent language speakers, elders, and the community to learn and abide by language protocols.

The Healthcare Interpreting-Requirements and Recommendations and the National Standard Guide for Community Interpreting Services, Protocols on Indigenous Language Interpreting, Assembly of First Nations: A Guide to An Act respecting Indigenous Languages: A Tool for First Nations Language Revitalization, Inuit interpreters engaged in end-of-life care in Nunavik, Northern Quebec, and NWT Indigenous Language Action Plan articles contains research information and material that may be used for reports, presentations and or putting together the healthcare language project into action. The Inuit interpreters engaged in end-of-life care in Nunavik, Northern Quebec is a useful protocol for the complexities of navigating end-of-life healthcare.

In conclusion, the articles that have been provided for critical review may be adapted for creating interpreter and translator services.

Methodology

This engagement centred on Indigenous methodologies. In following Indigenous methodologies, the protocols require accountability and transparency. It is important to invite First Nations to provide input as it impacts their lives directly. This project privileges the first peoples of these lands. Each First Nations have their own protocols that must be respected, acknowledged, and followed. Traditionally, it is understood that the information received needs to be clearly communicated back as to how it will be utilized and how it will/can benefit participants directly. This is achieved by reporting

back to participants so they can see where their words went and that they can see themselves reflected in the report.

The conversational method was utilized for hosting these conversations. The conversational method is a means for gathering knowledge through story. It is a method of gathering knowledge based on oral storytelling tradition congruent with an Indigenous paradigm. It involves dialogic participation that holds a deep purpose of sharing story as a means to assist others. It is relational at its core (Kovach, 2019).

The conversational method allows for 1-1 and/or group discussions to take place. Recognizing that there are over 600 First Nations communities in Canada and more than 200 First Nations are in British Columbia, the aim was to seek out as many diverse responses as possible.

The project and coordination phase of the project entailed identifying the approach and the ask, establishing a coordination and engagement plan, and developing communications for generating interest towards the recruitment of both participants and locations. PLS formed a Steering Committee consisting of one PHSA Indigenous Health representative, one PHSA PLS representative, and the consultant to oversee the project. The Steering Committee met monthly and was provided updates of progress and power point presentations were shared for documentation, transparency, and accountability. The Steering Committee provided a platform for support and dialogue to occur for decision-making as the need arose.

Contact was initiated via email with an accompanying attachment outlining the request that includes the who, the purpose, and the intended outcome. Participants were offered the option to write their feedback on paper or have the facilitators write for them as they spoke. For participants who attended a virtual or in-person facilitated discussion, their voices were captured through notetaking and/or recording, with the permission of all participants. Participants were asked if they identified as a language speaker, a language learner, and/or a support person. Participants had the option to identify their Nation, their age range, and their gender, and if they wanted to attend the reporting back in May they were able to share their email and/or other contact information.

Booth - Interior region First Nation Health Authority caucus Kamloops	Booth - Murdered and Missing Indigenous Women and Girls Gathering Prince George	Booth - Murdered and Missing Indigenous Women and Girls Gathering Vancouver	Virtual Indigenous Patient Navigators, PHSA
Virtual First Peoples Cultural Council	Virtual Health Directors & NHA	Facilitated conversation Vernon	Virtual 1-1s: • Tsilhqot'in Interpreter/Translator • Professor, Department of Linguistics, Simon Fraser University • Research and Development Linguistics, First Peoples Cultural Centre

The in-person conversations were held in Kamloops, Prince George, Vancouver, and Vernon. The Kamloops conversation was conducted at the Interior regional First Nations Health Authority (FNHA) caucus via a booth set-up and the Prince George and Vancouver conversations were conducted at the Murdered and Missing Indigenous Women and Girls gatherings via booth set-up as well. Participants who attended the booth were invited to join the conversation at their comfort level. Vernon's conversation was a facilitated discussion with community members.

The virtual conversations were held with Indigenous Patient Navigators within Provincial Health Services Authority, First Nation interpreters/translators connected to the First Peoples Cultural Council, and Health Directors from Northern Indigenous communities who partner with the Northern Health Authority. Three additional virtual conversations were conducted as 1-1 with a Tsilhqot'in interpreter/translator, a Simon Fraser University Professor in the Department of Linguistics, and a First Peoples Cultural Centre employee whose position is Research and Development Linguistics.

In considering the question for conversation it was important to keep it simple to allow for fulsome dialogue of thought to be received from those who chose to respond. The question asked was, is there an Indigenous language service needed, and if so, what does it look like? Acknowledging the colonial way of asking questions and gathering information does not work for Indigenous peoples. It has its limitations and is not an ideal approach therefore, it was integral to ground this project in Indigenous methodology.

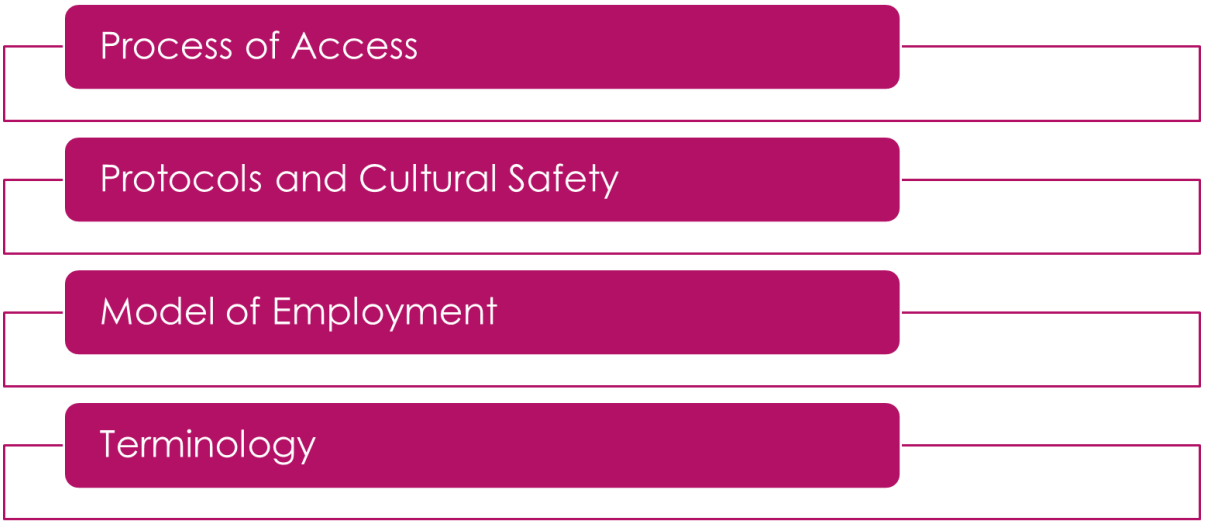
A grand total of 103 participants from the following Nations:

Conversations Attempted: This is included for transparency and accountability.

Vancouver Island: Originally engagement was to occur at the fall Vancouver Coastal FNHA caucus at the end of November 2022, however, there was a significant late notice of confirmation of attendance. Multiple efforts were made to reconnect via email from January to March 2023, including a request from the Project Steering Committee to make introductions. Contact was successful in early March with the Senior Cultural Safety Advisor, Vancouver Island FNHA. A virtual meeting was scheduled and held on April 11th with the Senior Cultural Safety Advisor and the Manager of Engagement, Vancouver Island FNHA. They were strong in advocating for local First Nations protocols to be followed. One of these protocols was to seek permission for this conversation to be held in the communities. After a lengthy conversation, an informal invitation was received to attend the Vancouver Island sub-regional caucus on May 2, 2023, in Nanaimo and on May 3, 2023, in Gold River, pending approval as per protocol. Sadly, approval was still pending when the timeline ran out, so we did not attend the sub-regional caucus. For any PLS-led future engagements, we recommend reconnecting.

Ktunaxa: Multiple efforts were made to connect with the Ktunaxa Nation. Sadly, this did not come to fruition so the hosting of a session in the Okanagan was proposed. For any PLS-led future engagements, we recommend connecting following the Ktunaxa protocol.

Findings



Phase 1 yielded a saturation of findings and the following four key themes: (1) access processes, (2) protocols and cultural safety, (3) employment models, and (4) terminology. It is imperative to ensure that all Indigenous peoples can easily access and understand the processes involved. To prioritize protocols and cultural safety in healthcare, it is crucial to recognize the inseparable connection between Indigenous kinship, ceremony, spirituality, and their holistic understanding of well-being. The employment model should provide equal support and services to Indigenous interpreters and translators, who play a crucial role in navigating and advocating for community-based protocols. Lastly, the participants stressed the importance of cross-cultural learning and communication to promote understanding and clarity regarding medical terminology and care.

Process of Access:

In every conversation held across BC, the message has been clear, keeping it simple and easily accessible. Indigenous peoples are tired of complex processes that create a multitude of barriers to their access to healthcare. Language support needs to start within the community first, then connect directly to the healthcare system, and then back again to the community for clarity and direction of follow-ups, updates, and/or aftercare supports that have been determined.

Language access needs to be accessible in a written and oral format, so both interpreting and translation need to be included. There must be the opportunity to

choose if the interpreter is male, female, or diverse in gender identity when available. A clear step-by-step process needs to be outlined for the community to understand how they are to access interpreter services. Internally for healthcare providers and administrators, there must be a fulsome communication plan developed and implemented to ensure *every door is the right door* to access.

These findings align with the literature, where there is a recommendation for prioritization of communications that include those that will be highly visible, educational, and/or emblematic (Letters of Understanding, Partnership Accords, etc…)[3].

Participants were honest and eager to share what they believe needs to be prioritized and to explain the actions required to meet the needs of Indigenous recipients of care who would be accessing interpreters and using translated materials within healthcare. These are the modes of access that were expressed:

Central Call Centre for interpreter services.

A central call centre to support the direct connection between an Indigenous recipient of care to an interpreter upon their request or identified need. The interpreter can be accessed via Zoom, Skype, telephone, video messaging, or in-person.

This direct connection includes the continuum of care from first point of contact - any time they may be in transit - to discharge. The central call centre will be responsible to house an updated and ongoing list of interpreters, their respective Nations, the time of access they are available, the language(s) they speak, and their contact information.

Communication Aides

Indigenous participants brought it back to who we are, where we come from, and our ways of being. It was stated that many Indigenous peoples are visual learners and storytellers, so there is a need for various modes of communication, tools, and resources available to access.

[3] Bliss, H. (2022). Translation and Interpretation of Government Communications for Indigenous Language Revitalization. [Unpublished manuscript]

Push-Button & Headphones	First Nation language recording of basic information in clinics, emergency rooms and hospitals: *greetings, where you are, describes the types of services that are available in that location and the directions of where to access your need and/or your health information*
Booklet	A booklet of common medical terms and explanations of terminologies in both English and the Indigenous language.
First Voice APP	APP on TV monitors to assist in navigation of healthcare, to inform who the contacts of support are, and to describe what their roles are.
Sign Language	First Nation developed for those who are deaf and hard of hearing
Visual Aids	Development of posters (e.g. body parts in the language)
Written Aids	Have available First Nations books, children's books, brochures, presentations that reflect health information, process and/or access
Helpline	Helpline for family or workers ~ dial a language hotline

Protocols and Cultural Safety

Why do we need to know about protocols and cultural safety? This is an important question that is commonly asked by non-Indigenous peoples within healthcare systems. It is important to bring home the distinctions between the Nations and the community's protocols. The development of this framework provides space for the communities and Nations themselves to provide the context that is specific to their lived and living realities. Doing it in this good way honours the autonomy of each community within the Nations.

As a part of interpretation and translation services, it must be understood that language is connected to memory, to heart and to place for Indigenous peoples. As such the vast cultural differences, languages, and geography distinctions are just as distinct and unique as the landscapes they originate from. Indigenous participants have demanded that Indigenous language not be generalized and that it be understood that Indigenous languages cannot be owned by healthcare or any colonial system.

Cultural Protocols

What is a cultural protocol? A part of the process is about getting to know the individual, family, community, and Nation. Cultural beliefs, practices, and languages can vary; therefore, it is important to get a sense of where an individual is within their own belief system. It is also essential to recognize that there exists a spectrum of impact from colonization about traditional belief systems. As a result, there are Indigenous peoples who have been completely disconnected from their traditions, and there are those who are reclaiming and revitalizing their traditions, and there are those who have been able to protect their traditions their entire lives. (Excerpt from Aboriginal Cultural Practices, Vancouver Coastal Health).

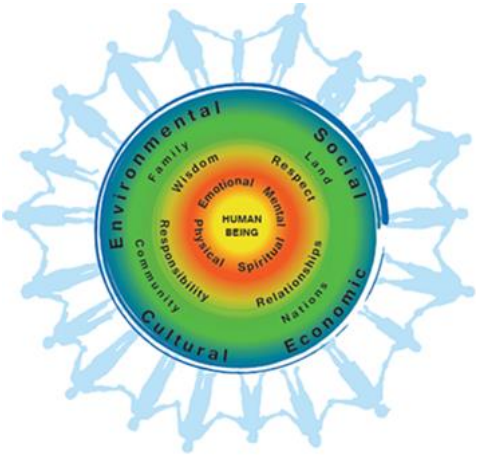
Cultural Safety – Kinship

The nuances around staying with our people that it's not just a sign of respect, you're providing love and mental health, nurture, and it's all of these things.
~Participant

Indigenous peoples are deeply rooted in kinship. Kinship is about family as well as the land and the language. When Indigenous peoples are accessing healthcare one commonly shared teaching is that '*We do not leave our people alone at any point of healthcare and particularly at end-of-life* (participants voice).' In considering interpreter services, at times a recipient of care's family support person is their interpreter. This further speaks to why family support needs to be able to attend and stay in the room with their family member who is accessing care. And that healthcare systems need to consider designated Elder parking that is distinct from handicapped parking stalls. These are examples of how to care for kinship protocols in a good way.

Cultural Safety - 'the why'

To elevate cultural safety within a healthcare system ceremony and spirituality cannot be separated from Indigenous wellness and balance. Indigenization of hospitals includes bringing in ceremonies to cleanse all healthcare facilities and spaces. Further, it is integral for frontline workers to understand why cultural safety is distinctly for Indigenous peoples.



In healthcare people who continuously access services are often referred to as repeat offenders, frequent flyers, and/or familiar faces. This conjures up a negative connotation of Indigenous recipients to care. Whereas, for Indigenous recipients of care having familiar faces in healthcare can create safety. These are some examples of the 'why' of cultural safety as shared by some participants.

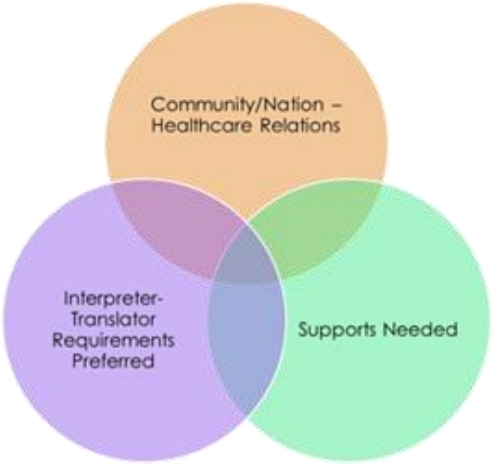
Model of Employment

When considering interpreter and translation services, the act of translation embodies a strong sense of Indigenous ways of knowing and being. Healthcare providers come with their own knowledge; however, they must respect the knowledge that interpreters and translators bring with them. There are concepts that simply do not straightforwardly translate from English to an Indigenous language, therefore healthcare providers must continue to refer to the Elders and language speakers in this work.

Indigenous language translators and interpreters need to be supported by the healthcare system as providers are likely unaware of community-based protocols regarding intellectual property rights of language data, which are often divergent from Western principles of copyright[4]. For example, certain Indigenous language texts – written or oral- might be considered community property, and therefore not available for translation into English. In addition, it is best practice to always acknowledge and credit the source of the language knowledge that has been shared.

Questions to ask before initiating interpreting and /or translation services:[5]

- Why are you seeking to translate this content?
- How will it benefit language revitalization and the language community?
- Consider the content you want to be translated. Some concepts may not translate and/or may not yet have been identified in the Indigenous language.



The following three points capture the voices of participants around the model of employment. The bullets shared below are direct quotes from the participants that best

[4] Bliss, H. (2022). Translation and Interpretation of Government Communications for Indigenous Language Revitalization. [Unpublished manuscript]
[5] First Peoples Cultural Council. (n.d.) Considerations for Seeking Translations in First Nations Languages

represent the saturation of data that we received and as such they have not been changed or edited.

Community/Nation-Healthcare Relations:

- Interpreter and translator positions - embedded into an Indigenous community and their community health centre and fully funded by mainstream healthcare
- Translator needed from Nation/language of the recipient of care
- Interpreters for hospitals to explain in the Indigenous language what is going to happen at each phase of care - both oral and written
- Healthcare incorporates meet/greet to get to know elders and language speakers to build good relations to further support people receiving care
- Relationship between PHSA/FNHA to community/Nation to further understanding of roles, responsibilities, and limitations
- Language council to develop terms for medical words
- Track in the medical records when an Indigenous recipient of care requires interpreter/translator services.

Supports needed:

- Flexible communications to support: zoom, in-person, or telephone
- A translator/interpreter escort in hospital to aid recipients of care in navigating the system. For example, emergency, x-ray, and/or follow-up/aftercare
- Education and supports for recipients of care to ensure they are receiving their medication at the proper dosage
- FNHA embedded with interpreters, as well
- Develop a support team consisting of male, female, young, old, 2SLGBTQQIA+
    - Liaison - social work
    - Liaison - interpreter/translator
    - Liaison - cultural communication person
    - Liaison - youth mental health
- Develop a Doctors-Info-Line: to support the recipient of care and the community healthcare supports to ask questions regarding care

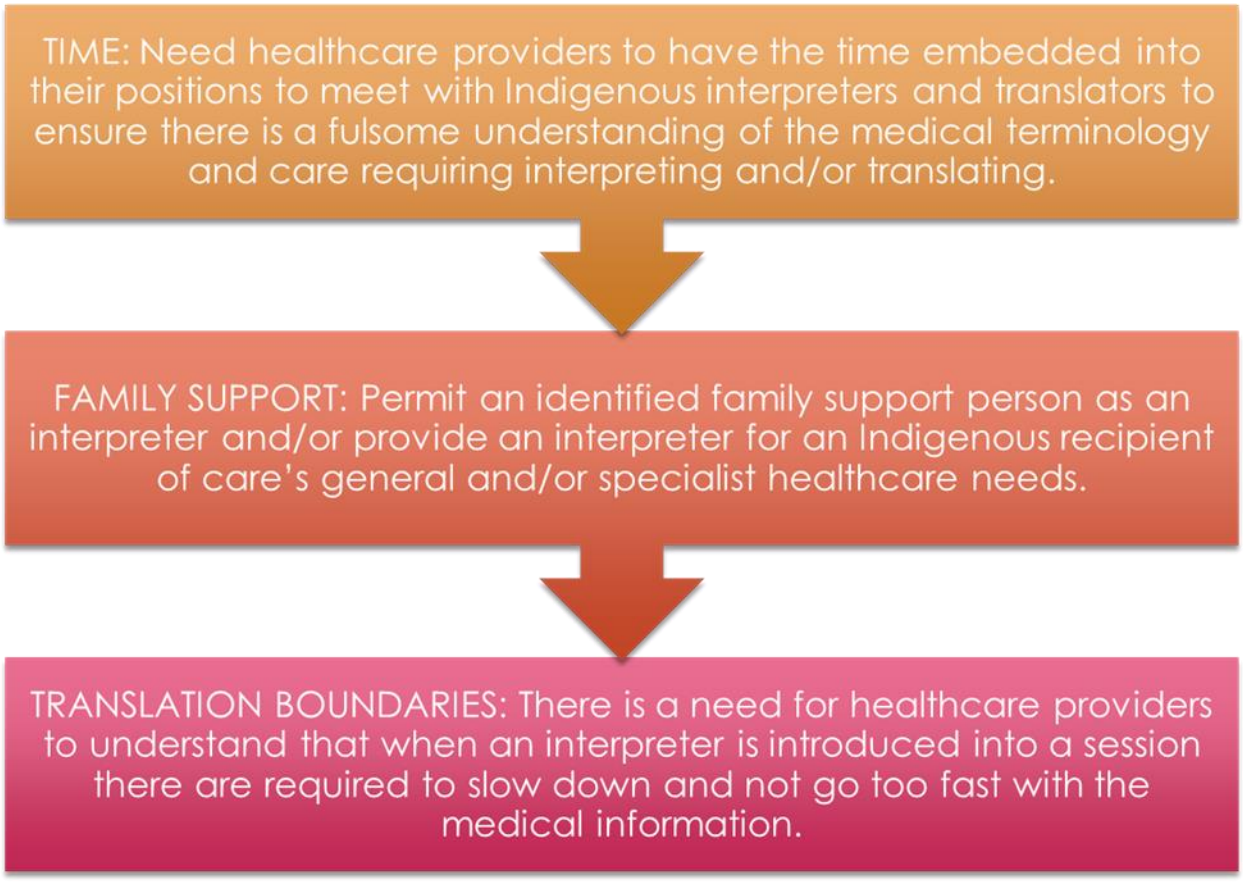
Interpreter and Translator Requirements Preferred:

- Hire elders as interpreters
- Positions for both full time and on call
- Do not unionize the interpreter/translator positions

- More support 24/7
- Indigenous Patient Navigators - need to speak the language, accessible job description shared with community about what an IPN does and what supports they can provide

Terminology

The Indigenous participants identified the need for cross-cultural learning and processing to occur, where the language speakers could come together to establish translation of medical terminology and where the language speakers and healthcare providers can come together to ensure there is understanding and clarity of the medical terminology and care.



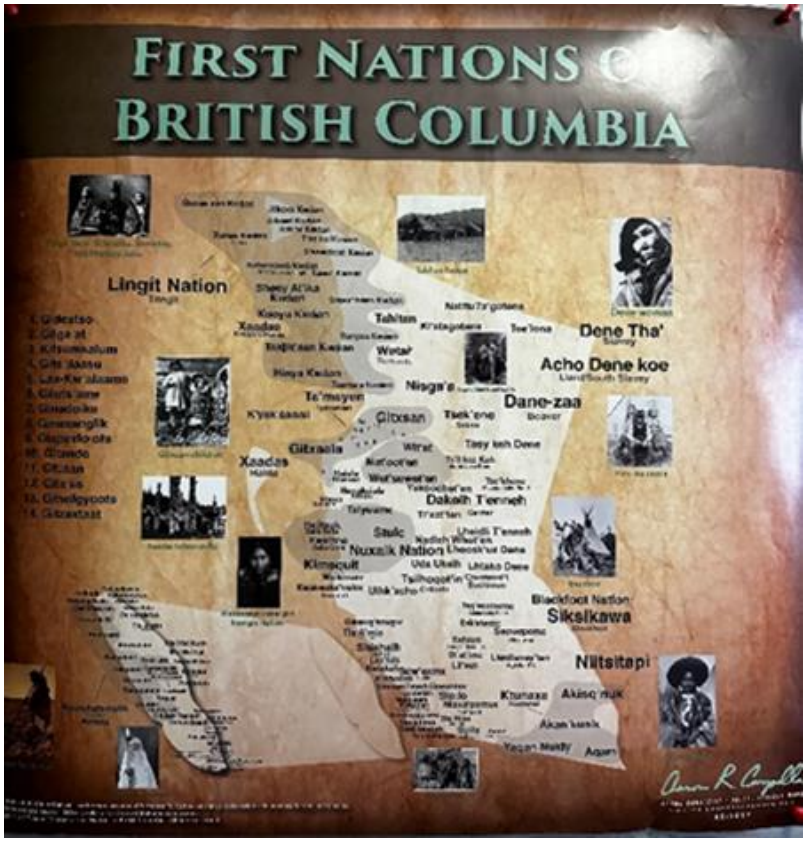
Impact of Findings: Language Revitalization

There are 12 unique Indigenous language families in Canada, of those 7 are exclusively in BC which represents more than 50% of First Nation languages in Canada. It is important to recognize that every First Nations language in B.C. has multiple dialects

and a translation may only be in one dialect. And that language in and of itself is an act of self-determination for Indigenous peoples.

Language is interconnected into every aspect of Indigenous peoples' ways of knowing and being. As such, interpretation and translation are about more than simply language, it is both healing and holistic as it encompasses mental, emotional, physical, and spiritual wellbeing. Language is about family, community, and the land. And language is the full spectrum of well-being from cradle to grave. Language and culture strengthen our people, thus a sense of belonging and identity. This opens the door for Indigenous students and young people to take an interest in studying in the medical field.

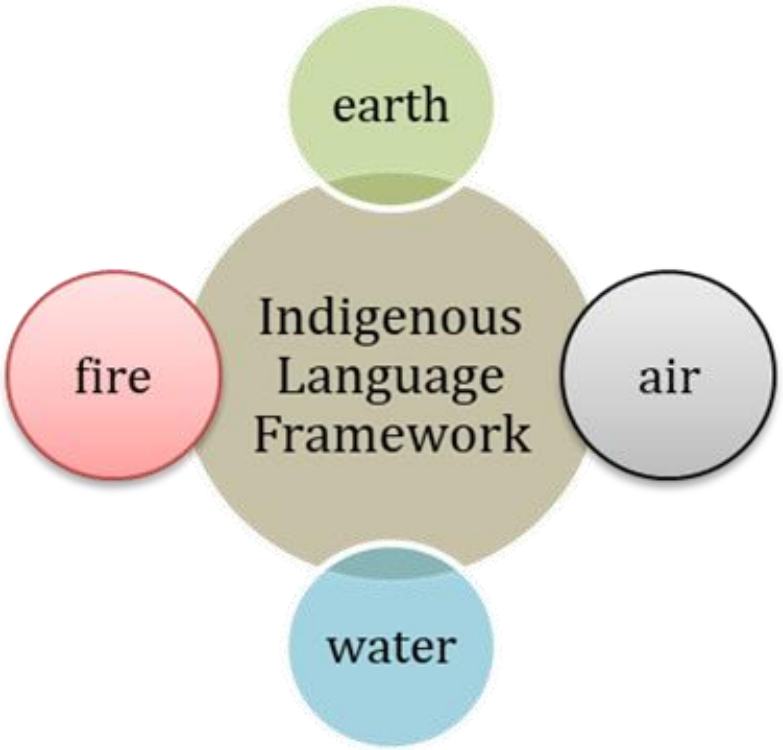
Indigenous peoples are the first peoples in this land called Canada. The language identifies who we are, where we come from, and what our responsibility is to all our relations as Indigenous peoples. And there is a lot to be learned from the first peoples of this land that can be contributed to the realm of health, healthcare, and ultimately healing.



Indigenous Language Framework

What is the framework in moving this forward? The framework is illustrated in four components: earth, air, water, and fire. A lot of thought was put into what would represent the four components of the framework. A medicine wheel was considered, as that is a common image that is used in Indigenous health and wellness models. However, there is recognition that not every First Nation in BC ascribes to the medicine wheel in their teachings. Therefore, it was important to utilize the elements as that leaves it open for any Indigenous individual, family, Nation to be able to connect with in their own ways and as a result could translate across all Indigenous communities.

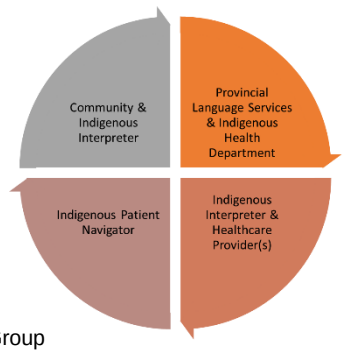
In the Indigenous Language Framework, Protocols is very clearly a component that was identified as earth, as it is rooted in who we are and where we come from. Language Governance as the next component was looked at being air, which in turn is our breath, which in turn is the language. Ease of Access connects to the essence of water and how water moves and removes the barriers, or goes through them, or goes around them. Reconciliation and decolonization are the fire, which is the action and the development of useful tools and resources.



Protocols *earth, rooted in who we are and where we come from* ❖ There is a responsibility to ask and follow local protocols as they are in place to ensure accountability and transparency ❖ First Nations are unique and diverse, as such as are their protocols	**Language Governance** *air, breath, language* ❖ Indigenous language interpreter/translator innovations must occur in partnership between First Nations and healthcare partners ❖ Indigenous language interpreter/translator needs to be community driven-Nation based ❖ Language rights of the Indigenous recipient of care are equal to health rights
Ease of Access *water, remove the barriers* ❖ Healthcare communication plan, step-by-step how to access ❖ Collaboration and process • Priority areas to be piloted for implementation • Advisory team for each region • Parody in services	**Reconciliation & Decolonization** *fire, tools and resources* ❖ Anti-Indigenous racism/Cultural Safety education ❖ Based upon a First Nations perspective on health and wellness ❖ In the creation of tools and resources there must be a coming together of both the Western and Indigenous ways of knowing

Recommendations

1. Pilot community for interpreting and translating.
2. Engage in dialogue and education about the distinction between interpretation and translation.
3. Develop an interpretation plan.
4. Develop a translation plan - community to determine relevance and if it is a short-, medium- or long-term goal.
5. To oversee pilot - develop an advisory committee, take the lead from Nation that this is being piloted in as to who the committee will be comprised of.
6. On the ground - develop a working group to address process of access, model of employment, protocols and cultural safety and terminology.



Working Group

Closing

First and foremost, there must be an acknowledgment made to all the Indigenous peoples who participated. Those who did participate did so eagerly once they understood fully what the Provincial Language Services of the Provincial Health Services Authority was seeking. What was witnessed by the facilitators as participants shared was extremely personal, honest, and heartfelt, and in some cases, there was grief and tears. This was because no matter where an Indigenous person is at with their connection to their culture, they still embody the innate connection to who they are, where they come from, and the language.

Colonization could not take away the connection to language from Indigenous peoples despite all efforts. This is because the language comes from the land and there were Indigenous peoples who held fast to their knowledge and language. In the past 20 years to the present day, there has been a movement to protect the language and initiatives created to revitalize Indigenous languages within communities. As such, any Indigenous language services is more than just about interpretation and translation, it is about good relations and the actioning of allyship.

Over 100 Indigenous people's voices have been heard and in analyzing the feedback a saturation of findings was reached. To allow for a fulsome dialogue of thought to be received the question asked was, *is there an Indigenous language service need and if so, what does it look like?* Acknowledging the colonial way of asking questions and gathering information does not work for Indigenous peoples. It has its limitations and is not an ideal approach therefore, it was integral to ground this project in Indigenous methodology.

References

Assembly of First Nations. (2019-2020). *A Guide to An Act Respecting Indigenous Languages: A Tool for First Nations Language Revitalization.*

Australian Government Department of the Prime Minister and Cabinet. (2017). *Protocol on Indigenous Language Interpreting for Commonwealth Government Agencies.* Version 4.17 November 2017.

Bliss, Heather. (2022). T*ranslation and Interpretation of Government Communications for Indigenous Language Revitalization.* [unpublished manuscript]

(n.a), (2020). *Healthcare interpreting—Requirements and Recommendations—21998*. Published in Switzerland.

Dunlop, B, Suzanne Gessner, Tracey Herbert. (2018). First Peoples Cultural Council: *Report on the Status of B.C. First Nations Languages.*

First Peoples' Cultural Council. (2023). *First Peoples' Cultural Council.* https://fpcc.ca

First Peoples' Cultural Council. (2022). Report on the Status of BC First Nations Languages.

First Peoples' Cultural Council. (2020). Goals for the International Decade of Indigenous Languages 2022-2032.

First Peoples' Cultural Council. (2019). First Nations Languages in BC.

First Peoples' Cultural Council. (2018). Fact Sheet: Language Diversity in BC.

First Peoples' Cultural Council. (2018). Fact Sheet: Report on the Status of BC First Nations Languages.

First Peoples' Cultural Council. (2018). Report on the Status of BC First Nations Languages.

First Peoples' Cultural Council (2013). A Guide to Language Policy and Planning for BC First Nation Communities.

First Peoples' Cultural Council. (n.d.). 10 Points for Successful Language Learning.

First Peoples Cultural Council. (n.d). *Considerations for Seeking Translations in First Nations Languages.* Brentwood Bay, BC.

Government of Canada. (2020). Indigenous Languages Act. Minister of Justice. https://laws-lois.justice.gc.ca

Government of British Columbia. (2019). Declaration on the Rights of Indigenous Peoples Act. https://news.gov.bc.ca/releases/2019PREM0135-002167

Government of the Northwest Territories. (2018). *NWT Indigenous Language Action Plan: A Shared Responsibility 2018-2025.*

Government of Northwest Territories. (2022). *Indigenous Language Interpreter-Translators (Private Contractors).*

Healthcare Interpretation Network. (2007). *National Standard Guide for Community Interpreting Services.* Published by the Healthcare Interpretation Network.

Hordyk, Shawn R., Mary Ellen Macdonald & Paul Brassard. (2017). *Inuit interpreters engaged in end-of-life care in Nunavik, Northern Quebec.* International Journal of Circumpolar Health. http://www.tandfonline.com/loi/zich20.

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. https://www.mmiwg-ffada.ca/final-report/

Truth and Reconciliation Commission of Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf

Turpel-Lafond, M.E. (Aki-Kwe). (2020). In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

United Nations General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html

Appendices

We request the opportunity to set up a booth for one day at your upcoming regional caucus.

The Provincial Language Services (PLS) program of Provincial Health Services Authority (PHSA) is looking to expand services to include access to an Indigenous language service within healthcare. They currently have language services for the deaf and hard of hearing community, refugee and immigrant community and francophone community, however there is nothing formalized for the Indigenous speaking community.

PLS recognizes that this is an identified gap that they seek to address. To help, we have hired Vanessa Mitchell to lead this work. She is of Syilx ancestry and her work, as a self-employed Indigenous consultant, centres on cultural safety.

The intent of a booth would be to capture regional caucus attendees' insights into what would be required for an Indigenous language service to be successful.

If you have any further questions, please contact Vanessa Mitchell at vanessa.mitchell.015@gmail.com.