

Call for proposals

Cultural safety, experience, and needs of First Nations and Inuit individuals who have accessed the health and social services network

Concerted Action

Summary

Contest years:	2024-2025
Component offered:	Research project
Pre-application deadline:	Wednesday August 28 th 2024, 4pm
Application deadline:	Wednesday Novembre 27 th 2024, 4pm
Total available amount:	899 446\$ (+Indirect research costs de 27%)
Funding duration:	4 years
Results announcement:	The week of January 27 th 2025

Proposed by:

The Ministry of Health and Social Services

and

Le Fonds de recherche du Québec – Société et culture (FRQSC)

***This translated version is incomplete. For the complete version of this call for proposals, we invite you to consult the French version.**

****The English version of this call may vary from the French version. Only the French version holds legal value.**

1. Objectives

The Fonds de recherche du Québec — Société et culture (FRQSC) and the Ministry of Health and Social Services invite the scientific community to respond to this call for proposals, which aims to:

- Conduct a qualitative assessment of individuals from First Nations and Inuit communities who have accessed Health and Social Services Network (HSSN);
- Conduct a qualitative assessment of their utilization of healthcare and social services;
- Document their experiences in this regard;
- Conduct a qualitative assessment of individuals from First Nations and Inuit communities who have never accessed healthcare and social services offered by the HSSN to address their health and well-being needs;
- Understand the reasons why they do not access HSSN services when they have health and social service needs;
- Document, if applicable, their healthcare and social service needs;
- Understand their perceptions, needs, and expectations regarding culturally safe care and services.

Ultimately, the insights generated from the funded project will refine the understanding of healthcare and service utilization by First Nations and Inuit communities and their experiences with them, as well as contribute to discussions supporting decision-making regarding cultural safety in healthcare and social service facilities.

2. Context

On November 6, 2020, the Minister of Health and Social Services and the Minister responsible for Indigenous Affairs announced an investment of \$15 million over a five-year period for the implementation of structural actions in cultural safety within the Health and Social Services Network (hereinafter referred to as the "Network")¹.

In the context of healthcare and social services, the approach to cultural safety involves recognizing and taking into account, in the provision of services and the care experience, the reality and culture of Indigenous peoples in order to improve accessibility to care and services, their relevance, quality, and continuity. It involves working closely with individuals from First Nations and Inuit communities to build a relationship of respect and lasting trust. Its deployment within the Network aims to contribute to strengthening practices free from prejudice and combating racism, inequality, and discrimination. Cultural safety aims to restore and support equity for Indigenous peoples. It is an approach to care and services that recognizes the presence of social and health inequities experienced by First Nations and Inuit² and seeks to address these gaps through relevant practices. Colonialism continues to have significant consequences on several aspects of the lives of First Nations and Inuit such as governance, education, the economy, their health, and well-being. Various current legislations and practices stem from the colonial

¹ Gouvernement du Québec. 6 novembre 2020. Communiqué de presse. « 15 M\$ d'investissement pour la sécurisation culturelle auprès des membres des Premières Nations et des Inuits dans le réseau de la santé et des services sociaux », Québec, 2 pages.

² Ministère de la Santé et des Services sociaux (2021). La sécurisation culturelle en santé et en services sociaux : vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit, p. XV

perspective and perpetuate its consequences both individually and collectively on Indigenous peoples³. The cultural safety approach takes into account the cultural dimension in both interventions and the policies that govern them. It also considers power dynamics that exist within society and the healthcare and social services system⁴.

The lack of knowledge about Indigenous cultures and intergenerational traumas experienced by First Nations and Inuit can sometimes lead to prejudices and discriminatory acts towards these populations. In the Health and Social Services Network, discrimination has significant repercussions and can result in underutilization of services; an increase in and exacerbation of crisis situations; late or, conversely, unjustified early screening and interventions; barriers to care delivery, particularly in cases of chronic diseases, serious or life-threatening illnesses, etc⁵.

The implementation of cultural safety is presented as a governmental priority and a recognized and encouraged pathway by First Nations and Inuit to contribute to their health and well-being. Its deployment within the Network follows the footsteps of the [Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Quebec: Listening, Reconciliation, and Progress](#) (Viens Commission, 2019) and responds to several of its calls to action.

The ministry of Health and Social Services, in collaboration with Network establishments as well as partners from First Nations and Inuit communities who are members of the Advisory Committee on Cultural Safety⁶, focuses on implementing structural measures within the Network:

- Designing and implementing training plans for managers, professionals, and Network stakeholders;
- Supporting establishments in implementing best practices in cultural safety;
- Deploying liaison officers within Network establishments to support management and clinical teams and ensure relationships with communities and First Nations and Inuit partners;
- Deploying service navigators within the Network, preferably of Indigenous origin, to guide and support individuals from First Nations and Inuit communities in their care and service journey, with the aim of promoting accessibility, continuity, and quality of services offered to these populations.
- Adapt the information, assistance, and support provided within the framework of the Network's complaint review process to the needs and realities of First Nations and Inuit individuals to make it culturally safe.

These measures are grounded in the guiding principles outlined in the guide "[Cultural Safety in Health and Social Services: Towards Culturally Safe Care and Services for First Nations and Inuit \(2021\)](#)." Aimed at senior management and managers of health institutions, this guide presents a

³ Ministère de la Santé et des Services sociaux (2021). La sécurisation culturelle en santé et en services sociaux : vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit, p. 3

⁴ Ministère de la Santé et des Services sociaux (2021). La sécurisation culturelle en santé et en services sociaux : vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit, p. 9

⁵ Ministère de la Santé et des Services sociaux (2021). La sécurisation culturelle en santé et en services sociaux : vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit, p. 7

⁶ Font partie de ce Comité adviseur les organisations suivantes : Association des Inuit du Sud du Québec, Centre local de services communautaires Naskapi, Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador, Conseil Cri de la santé et des services sociaux de la Baie-James, Conseil de la Nation Atikamekw, Régie régionale de la santé et des services sociaux du Nunavik, Regroupement des centres d'amitié autochtones du Québec, RÉSEAU de la communauté autochtone de Montréal, CISSS de l'Abitibi-Témiscamingue, CISSS de la Côte-Nord, CISSS de l'Outaouais, CIUSSS de la Mauricie-et-du-Centre-du-Québec, CIUSSS du Centre-Sud-de-l'Île-de-Montréal, Institut national d'excellence en santé et services sociaux, Institut national de santé publique du Québec — Santé des Autochtones, Secrétariat aux affaires autochtones.

model of multi-level cultural safety and identifies best practices to address the environment, organization, and governance of care and services with a view to improving intervention for First Nations and Inuit individuals.

Cultural safety applied to health and social services places the First Nations or Inuit individual and their reality, specific needs, and context (family, relatives, community) at the heart of care and services. The culturally safe nature of care and services is thus defined primarily by First Nations and Inuit individuals who experience it⁷. Therefore, understanding their needs and expectations is an essential step in the successful implementation of cultural safety within the Network. It is in this context that the ministry and its partners have chosen to engage the academic community through the FRQSC's program of Concerted Action.

Partnership with First Nations and Inuit organizations and communities is an essential condition of this Concerted Action. The ministry of health has previously initiated discussions with First Nations and Inuit partners who are members of the Advisory Committee on Cultural Safety to prepare for this partnership. These partners have and will participate in various stages of the present Concerted Action.

Some cultural safety initiatives within the Network that have similar aims to the needs outlined in this Call are ongoing or have been conducted. Among these initiatives, we note, among others, those supporting the development and implementation of best practices in cultural safety within the Network. Indeed, as part of its Comprehensive Implementation Plan for Cultural Safety, the ministry of health launched a call for projects in the summer of 2021. Following the selection process, 23 initiatives submitted by Network institutions were selected and are currently being implemented. Some of these initiatives focus on assessing the cultural safety of care and services in Network institutions or developing tools to assess the care and service experiences of First Nations and Inuit users and their families. Teams wishing to submit an application are also invited to consider, or draw inspiration from, the work carried out by First Nations and Inuit organizations, including the Nunavik Regional Health Board, on the perspectives of users regarding health and social services offered in that region⁸.

3. Research needs

3.1 Important Considerations

Projects submitted under this competition must demonstrate their **coherence with the vision, fundamental values, and guiding principles outlined in the following documents**, which guide research activities taking place on the territories of First Nations and Inuit or among their respective peoples living outside their community:

- [Research Protocol of the First Nations of Quebec and Labrador](#)⁹
- [National Inuit Strategy on Research](#)¹⁰

⁷ Ministère de la Santé et des Services sociaux (2021). [La sécurisation culturelle en santé et en services sociaux : vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit](#).

⁸ Pour plus d'information à ce sujet : https://nrbhss.ca/sites/default/files/documentations/corporatives/UserPerspective_Report_FR_digital.pdf)

⁹ Assemblée des Premières Nations, 2014

¹⁰ Inuit Tapiriit Kanatami, 2018

- [Framework for Indigenous Research in Urban Settings in Quebec](#)¹¹

Additionally, individuals interested in this contest are encouraged to define their approach within a **participatory research philosophy**. Thus, for the conceptualization and implementation of the project (including its governance), as well as for the knowledge mobilization strategy and dissemination of results, teams must partner with and acknowledge the expertise of resource persons¹² or recognized First Nations and Inuit organizations in their community who work with them.

Finally, submitted projects must explicitly demonstrate how **the plurality of realities of First Nations and Inuit** will be taken into account (geographical, political, historical, economic, social [including gender identity], cultural, linguistic, etc.).

3.2 Specific Needs

The proposals must address **each of the following specific needs**:

1) A - Conduct a qualitative portrait (which may also include descriptive statistics) of First Nations and Inuit peoples who have sought assistance from the Network, including:

- their use of care and services;
- their experience of care and services within the Network, including their level of satisfaction in terms of cultural safety (particularly regarding relevance, accessibility, and continuity of requested or received care and services) as well as contextual factors influencing their experience;
- their needs and expectations regarding culturally safe care and services.

1) B - Conducting a qualitative portrait (which may also include descriptive statistics) of First Nations and Inuit peoples who have never sought care and services offered by the Network to address their health and well-being needs, including:

- Reasons why they do not seek Network services when they have health and social service needs;
- Where applicable, their health and social service needs.

This portrait must take into account diversity:

- Characteristics of individuals;
- Their community;
- The nature of care and services requested.

2) Understanding the perspective of First Nations and Inuit peoples

Based on their perspectives:

- Documenting what constitutes a culturally safe care and service experience;

¹¹ Regroupement des Centres d'amitié autochtone du Québec, 2021

¹² par exemple des coordonnateurs ou coordonnatrices du principe de Jordan, des infirmiers ou infirmières/directeurs ou directrices des centres de santé des communautés, etc.)

- Identifying the best ways to make the care and service environment more culturally safe within the Network;
- Specifying the culturally relevant ways in which they perceive documenting their care and service experience within the Network, including their experience within the complaints review process, where applicable.

For instance, the following additional questions could inspire researchers in developing their proposal for this second need:

- If applicable, what form(s) have culturally unsafe care and service experiences taken (non-compliance with user rights¹³, lack of respect, mistreatment, discrimination, access delays and lack of access; service disruptions, inadequate care or services for needs, etc.)?
- Regarding the dissatisfaction of First Nations and Inuit peoples who have sought care and services, what steps, if any, have they or their relatives taken to assert their views? To whom or which authorities were these steps taken (interaction with the relevant caregiver, their supervisor, testimony at the Indigenous Friendship Centre or Community Health Centre, filing a formal complaint, etc.)?
- What facilitators or obstacles were experienced during these steps?
- If applicable, did the situation's management and conclusion meet the expectations of the individual and their relatives?

To increase their relevance in the context of the current contest:

- Given the complexity and multidimensional nature of the issues addressed, it is suggested to prioritize a multidisciplinary approach that takes into account all types of knowledge (scientific, experiential, traditional Indigenous, etc.) deemed relevant for achieving the objectives;
- The presence of First Nations or Inuit researchers within research teams will be considered an asset, as well as that of Indigenous student partners or patient partners;
- Plan a strategy for presenting the progress of the work and the research report (costs, modalities, accessible language) to First Nations and Inuit partners before it is disseminated to the general public. This strategy should involve First Nations and Inuit partners in the organization of the knowledge transfer workshops to facilitate exchanges and dialogue with stakeholders.

13. La section II de la Loi sur les services de santé et les services sociaux définit les droits des usagers <https://www.legisquebec.gouv.qc.ca/fr/document/lc/s-4.2>

4. Contest and Funding Conditions

Contest Features

Component	Duration	Maximum funding amount (for project implementation)	Indirect research costs
Research project	4 years	899 446 \$	27 % of the funding amount

Additional Information

- The funding period (grant) starts on February 1, 2025, and the end date will be no later than January 31, 2029.
- The indirect research costs of 27% are disbursed to the managing institution and are in addition to these amounts.
- The funding amount offered includes expenses for participation in partnership, mobilization, knowledge transfer, and research dissemination activities, including follow-up and knowledge transfer meetings organized by the FRQ.
- Eligible expenses are those outlined in the [Common General Rules](#) (CGR). Specifics related to this competition are presented in Annex 3 "Eligible Expenses."
- College researchers holding a Ph.D. and included in a funding application as co-researchers may benefit from the following funding opportunities under the [College Research Support Program](#): relief teaching duties, Statutory supplement (subject to credit availability). Individuals wishing to avail themselves of either of these opportunities are encouraged to read the complete rules of this program and to consult Annex 1 "Clarifications on the Documents to be Attached in the Forms."

Other contest conditions

- This Concerted Action is subject to all rules established by the FRQ in their [Common General Rules](#) and in the FRQSC's Concerted Action program. Only the specific conditions for the Concerted Action "Cultural Safety in Health" are indicated in this document and take precedence.
- This Concerted Action contest will offer a maximum of one (1) grant in the "Research Project" category.
- **In this conteste, one (1) pre-application and one (1) funding application can be submitted as principal researcher, across all categories.**
- It is permitted to participate as a co-researcher in multiple projects submitted or funded under this program. However, the relevance and feasibility of this type of multiple participation will be subject to evaluation committee review.
- Applicants are invited to consult section 3.6 of the CGR for the language of drafting the pre-application and funding application, as well as the submitted documents.

Eligibility

The eligibility of the pre-application, funding application, and applicants is determined by the FRQ based on the information and documents received by the deadline. It must also be maintained throughout the funding period, if awarded. At any time during the process, an application may be declared ineligible.

The definition of statuses and roles is presented in the FRQ's Common General Rules, in the section "Definitions - Statuses and Roles."

Principal researcher¹⁴ :

Only individuals meeting the following statuses qualify for this role:

- University researcher (status 1)
- Clinical university researcher (status 2)

Co-Researchers:

These can be individuals meeting the following statuses:

- University researcher (status 1)
- Clinical university researcher (status 2)
- College researcher holding a Ph.D. (status 3 and Ph.D. holder)
- Other research statuses (status 4)
 - 4a) Researcher from a government institution recognized by the FRQ

Also eligible are:

- Practitioners (equivalent to status 4c in the CGR)
- Individuals contributing individually (equivalent to status 4e in the CGR)

Collaborators:

The principal researcher may enlist collaborators who meet all the grant-related statuses in the CGR. Researchers from outside Quebec can only assume the role of collaborator. As for individuals with training statuses as defined by the CGR, they are not eligible for this role.

At the stage of the full application, the principal researcher must outline, in the documents submitted for evaluation, the role and specific contribution of each of these individuals.

Funding Conditions

- As this call for proposals falls within the Concerted Action program, the principal researcher who receives funding **must** participate in **the follow-up meetings** scheduled in the program, which **entails two meetings per year** for the duration of the project. The meetings include funded team members, the partners of this Concerted Action, and one or more members of the FRQSC. Organized and facilitated by the FRQSC, these meetings allow

¹⁴ Sauf pour les personnes retraitées qui ne peuvent agir qu'à titre de cochercheuse ou cochercheur (statuts 1 et 2)

for understanding ongoing projects, monitoring their progress, and considering the possible outcomes of the results as they unfold. Typically held via video conference, these meetings may also be conducted in person. Refusal to participate could result in a suspension of funding disbursements. If necessary, simultaneous translation into English may be provided for Indigenous participants during follow-up meetings.

- Individuals receiving funding as a result of this competition must acknowledge, in any report, article, or communication, the following: "This research conducted under the Concerted Action program was funded through a partnership between the **Fonds de recherche du Québec – Société et culture** and the **Ministry of Health and Social Services**."
- A **progress report** is expected halfway through. This report should present the project's progress and any preliminary results obtained at this stage, if applicable. It will take the form of a PowerPoint document presented at one of the follow-up meetings. The document must be submitted at least two weeks before the meeting.
- A **research report** presenting the project's results must be submitted no later than three months after the end of the funding period. This report must be written in French and follow the [Guide for Writing Research Reports for Concerted Action](#) . The title and abstract of the project may be used for promotional and dissemination purposes by the FRQ. Twenty-five percent of the final year's grant will be retained until this report is approved by the FRQSC.
- After the submission of the research report, the FRQSC organizes a **knowledge transfer meeting** aimed at disseminating the results to a wider audience of potential users. It will be held via video conference. If necessary, simultaneous translation into English may be offered to Indigenous participants during the transfer meetings. The Principal researcher of the funded project is required to participate.
- A **final report** (of an administrative nature) must also be completed, but at a later time, namely 6 to 9 months after the submission of the last annual financial report, to allow the FRQ and its partners to document the impact of the funding provided. This report must be written in French.
- Peer-reviewed publications resulting from the research enabled by this funding must be made immediately available in open access (without embargo), under an open license, in accordance with the FRQ [Open Access Publishing Policy](#) (revised in 2022).