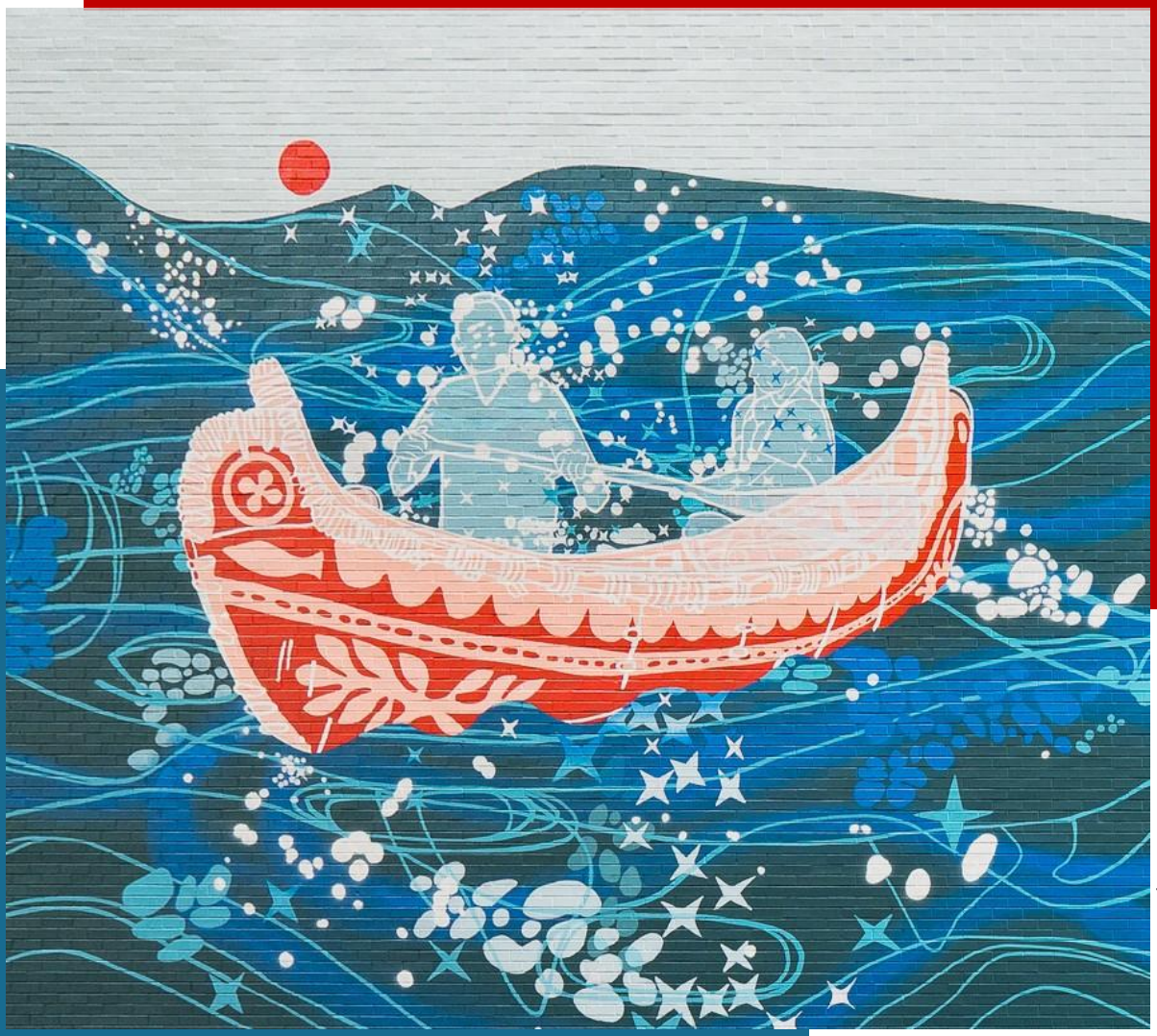
Building bridges for culturally safe practice : illustrating a participatory project held at the CCSMTL with Montreal's Indigenous organizations



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CREMIS | CIUSSS du Centre-Sud-de-l'Île-de-Montréal
Native Friendship Centre of Montreal | The Indigenous Support Workers Project | Indigenous Health Centre of Tiohtià:ke | Montreal Indigenous Community Network.

Québec

This report was produced as part of a project conducted from 2021 to 2025 by the Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté (CREMIS) of the CIUSSS du Centre-Sud-de-l'Île-de-Montréal. The aim of this project was to promote the sustainable implementation of culturally safe approaches at the CCSMTL, and more specifically in hospital emergency departments. This project was carried out in collaboration with the following partners :

- the Native Friendship Centre of Montreal
- the Indigenous Support Workers Project
- the Indigenous Health Centre of Tiohtià:ke
- the Montreal Indigenous Community Network

This project was carried out in response to a call for projects issued by the Direction des affaires autochtones of Quebec's Ministère de la Santé et des Services sociaux (MSSS).

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INTRODUCTION

The death of Joyce Echaquan, the hundreds of unmarked graves found near former residential schools, the findings of the Viens Commission, the investigations into forced sterilization of Indigenous women, and the deaths of André Napa and Kimberly Gloade, are just a few examples of the violence that First Peoples in Quebec are still likely to suffer today. The urgent need for action, which is well documented in several reports, calls for the commitment of every one of us to ensure equitable services for First Nations, Métis, and Inuit peoples.
The purpose of this report is to present the highlights of an initiative undertaken by the Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté (CREMIS) of the Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal (CCSMTL), in collaboration with four Montreal Indigenous organizations: the Native Friendship Centre of Montreal, the Indigenous Support Workers Project, the Indigenous Health Centre of Tiohtià:ke, and the Montreal Indigenous Community Network. The document details all the actions taken to ensure strong governance of Indigenous partners and to increase networking with CCSMTL staff. The report also highlights the main findings of the project in terms of the state of cultural safety within the CCSMTL and, more specifically, hospital emergency departments. The report brings together all the outputs from the project, facilitating the development of a reflective practice and the identification of various levels of action.

This report fosters the idea that collective and urgent action is needed to ensure equitable care and services for First Nations, Métis, and Inuit peoples. Contributing to building a learning environment, being open to self-reflection and eager to improve its practices, were the early intentions of CREMIS in taking part in this project. One of the main successes of this project resonates with these initial intentions : that of having been able to mobilize, over four years, a variety of actors, both from within the CCSMTL and from Indigenous organizations in Montreal, to work towards a common goal : improving the social and health services offered to First Peoples patients.

This project enabled us to experiment with an intensive dialogue between different sources of knowledge (professional and experiential knowledge of players from Indigenous organizations and representatives of Montreal's Indigenous community, empirical data drawn from data collection conducted in hospital emergency rooms, professional knowledge of CCSMTL staff). This approach enabled us to build bridges between environments that would not otherwise have come together, and to foster the emergence of findings nourished by the convergence of viewpoints. To bring the project to fruition, the CREMIS team was able to count on a solid network of collaborators and allies from various CCSMTL departments. The project also required the sustained participation of staff from the four Indigenous partner organizations.

This participatory project brings to light findings and recommendations that are demanding, even difficult, for the staff and management of the CCSMTL, and calls for maintaining commitment, open-mindedness and humility demonstrated by CCSMTL staff throughout the process. The project also invites us to seize the many opportunities offered by Indigenous organizations to pursue dialogue and action to build a more equitable health care system for all. Throughout this project, many members of the Indigenous community of Montreal dedicated time and shared difficult and personal stories related to their own experiences in public health care services.

This report is also available in French.

1. KEY FINDINGS

- The Indigenous health navigators we met were unanimous : **all Montreal hospital emergency departments face major limitations when it comes to delivering health and social services to First Nations, Métis and Inuit peoples and implementing culturally safe practices;**

- The data gathered from the survey of CCSMTL hospital emergency room staff, the focus groups with Indigenous health navigators, and all the discussions with Indigenous partners all point to one general observation : **cultural safety is not only little discussed and valued, it is currently being undermined within CCSMTL hospital emergency rooms;**

- There's a **big gap between the perceptions of the emergency room staff surveyed and those of Indigenous stakeholders when it comes to cultural safety :**

    - **While emergency staff have a relatively positive perception of the state of cultural safety in emergency departments, First Nations, Métis and Inuit representatives report serious discriminatory and racist situations that mark the daily lives of Indigenous people when they access hospital emergency services**. A significant number of situations involve exclusion from emergency services because they don't speak French. According to Indigenous partners, these situations are exacerbated when people have unstable housing situations and substance use disorders.

    - **The staff who responded to the survey perceive themselves as « competent » when it comes to cultural safety, which is not the experience Indigenous stakeholders have witnessed.**

- The development of knowledge and the support and guidance of CCSMTL staff are essential to ensure the long-term practice of cultural safety.

- The approach tested over the past four years illustrates the potential of participatory approaches to mobilize communities and produce relevant tools.

2. MAIN RECOMMENDATIONS

- Pursue and consolidate collaborative initiatives between the CCSMTL and Montreal's Indigenous stakeholders to ensure the development of culturally safe knowledge, care and services;

- Formalize concrete commitments in line with the recommendations of the Viens Commission and the Joyce's Principle[1] office, to ensure structured, long-term actions;

[1] Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health. (https://principedejoyce.com)

- Build bridges to make sure CCSMTL staff are aware of and recognize Indigenous resources, particularly in the health field, for Indigenous stakeholders in Montreal;
- Publicize, make accessible and promote activities aimed at developing knowledge, support and guidance for CCSMTL staff in the area of cultural safety;
- Leverage an integrated research and knowledge mobilization approach, co-constructed with Indigenous partners and CCSMTL staff, to structure collaborative projects.

3. BACKGROUND AND CONTEXT

The literature review carried out as part of the project shows that cultural safety[2] poses major challenges in hospital emergency departments in Quebec, and in the rest of Canada and in several other countries (Castner, 2021; Govindasamy & Carlin, 2022; Pilarinos et al., 2023; Varcoe et al., 2022). It also highlights the fact that emergency departments remain key places for reaching First Nations, Métis and Inuit peoples who would not otherwise access health services. This overview is based more specifically on a systematic literature review conducted in 2018 by Berg et al. and the literature subsequent to that date. Among the themes highlighted in the literature review are the importance of training staff on Indigenous realities and the challenges of developing adequate and sustained training over time. The literature consulted shows that, despite staff training initiatives being developed in various places, cultural safety remains a relatively unintegrated area of practice (Blanchet Garneau and Pepin, 2012 cited in Shearman 2025).

Racism affects access to healthcare in emergency departments worldwide (Castner, 2021; Govindasamy and Carlin, 2022; Pilarinos et al., 2023; Varcoe et al., 2022 cited in Shearman, 2025). The land now known as Canada is no exception. In particular, anti-Indigenous racism in healthcare and emergency settings has had a multitude of adverse effects, including the deaths of Indigenous patients seeking care (Leclerc et al., 2018; Wylie & McConkey, 2019 cited in Shearman 2025).

This literature review is also a reminder that the hospital emergency environment operates with limited resources and a rapid pace that impacts patient experience (McLane et al., 2022 cited in Shearman, 2025). Ongoing staff shortages and leadership changes make it difficult to commit resources to consistently implement equity-focused intervention strategies across the organization and systems (Varcoe et al., 2022 cited in Shearman, 2025). These environmental factors need not present insurmountable obstacles to the delivery of culturally safe services. Every day, First Peoples patients present themselves in emergency departments, and it's crucial to work towards culturally safe services despite the structural challenges that need to be addressed. While these challenges are part of the landscape of the emergency departments and larger healthcare system in Quebec they do not justify mistreating Indigenous patients.

[2] There are several definitions of Indigenous cultural safety. According to the Health Council of Canada, cultural safety « is an outcome, defined and experienced by those who receive a service-they feel safe » (2012). According to the MSSS, cultural safety is rather « an approach that recognizes the presence of inequities experienced by Indigenous people and seeks to bridge these gaps through safe practices ». Providing culturally safe care and services concerns all players in Quebec's health and social services system, from government decision-makers to practitioners. According to an overview of the literature reviewed for this project, the term « cultural safety » first appeared in scientific literature in 1992. The emergence of this notion is associated with the work of Irihapeti Ramsden, a Maori nurse from New Zealand.

The report resulting from the Commission of Inquiry on relations between Indigenous people and certain public services in Quebec (Viens Commission), conducted in September 2019, is of major interest here as it constitutes a central reference in Quebec for taking action on cultural safety. The Commission of Inquiry highlights three major findings : 1) there is a significant gap between the understanding of health among Indigenous people and that prevailing in the healthcare system in Quebec (CERP, 2019 : 390 cited in CCSMTL, 2023); 2) the presence of racism and discrimination experienced by Indigenous people in their interactions with healthcare system personnel is widely documented in Quebec and elsewhere in the country (Turpel-Lafond 2021; Kitching 2020; Boyer & Bartlett 2017; Brian Sinclair Working group 2015; Environics Institute 2023 cited in CCSMTL, 2023); 3) the complaints review system provided for in the Act respecting health services and social services (LSSSS) is underutilized due to Indigenous people's lack of access to the procedures and measures relating to this system (CERP, 2019 : 431 cited in CCSMTL, 2023).

It is therefore important to recognize that in Quebec, cultural safety is currently being implemented in a healthcare system that is steeped in historical, cultural and social legacies, and marked by complexity, lack of understanding and hegemonic power relationships. It is impossible to ignore these observations when raising the question of the state of cultural safety within the various care environments.

CREMIS is committed to this project, drawing on its cross-disciplinary expertise in research and knowledge mobilization.[3] The research carried out at CREMIS takes a critical look at social inequalities, recognized as being among the main determinants of health and well-being, as well as at the social relationships that mark out life paths and produce these inequalities. The CREMIS team has developed a range of participatory projects involving stakeholders, practitioners and managers, with co-construction a core value of its work. While playing a major role in the development of research, CREMIS also attaches vital importance to the transfer and mobilization of knowledge with practitioners and stakeholders. This is embodied in a variety of activities (conferences, seminars, round tables, dinner meetings) and productions (podcasts, reports, video capsules, web files) to support staff in intervention settings and foster the development of practices aimed at reducing social inequalities.

The CCSMTL region is characterized by its urban character and the cohabitation of several First Nations, Métis and Inuit groups. In a context of work overload, increasing complexity of needs and bio-psycho-social problems faced by the people who use our services, every opportunity and every means is needed to create reflective spaces and identify actions within the reach of staff. CREMIS thus embarked on this participatory project with the intention of supporting care staff by promoting dialogue and closer ties with Montreal's Indigenous community.
The following section details the project's key milestones, highlighting the actions taken to facilitate participatory governance with Indigenous organizations and implement the project. This detailed overview of the process is intended to inspire the development of similar projects, based on a participatory approach and emphasizing the co-construction and non-hierarchical nature of knowledge. This section also details all the actions taken during the project to bring culturally safe approaches to life within the CCSMTL, drawing on a variety of means to create listening and exchange between the CCSMTL and Montreal's Indigenous communities.

[3] Knowledge mobilization is understood as the set of strategies « […] aimed at exchanging diverse knowledge (research, practices, experiences, cultures) in order to create new forms of knowledge that can be used for action (Elissalde et al., 2010, p. 138 cited in Lalancette and Luckerhoff, 2023) ».

4. KEY MILESTONES THROUGHOUT THE PROJECT

This section details the four years of the project, focusing on key milestones : the history of collaboration and the call for projects (year 1 - 2021), governance and project orientations (year 2 - 2022), the signing of the partnership agreement, the literature review and launch of the staff survey (year 3 - 2023) and the focus groups of Indigenous health navigators, collective data analyses, multimedia productions and report writing (year 4 - 2024-2025). Throughout the project, various actions were taken by the team to encourage encounters between the Indigenous community and the internal staff of the CCSMTL. These actions are listed in Appendix A.

A. Year 1 (2021) : history of collaborations and call for projects

« CREMIS, as a research center within CIUSSS, could help us see things more clearly and better understand the internal state of cultural safety. A better understanding of where we are will enable us to better target the actions we need to take. » – Senior Manager at CCSMTL

In the spring of 2021, the Direction des affaires autochtones of the Quebec Ministry of Health and Social Services (MSSS) (2021-2025) launched a call for projects. The aim of this call was to implement culturally safe approaches within the network's establishments in line with the Guide *La sécurisation culturelle en santé et en services sociaux - Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit* (MSSS, 2021). This call for projects had the broader aim of building more bridges between the health and social services network (RSSS) and the Indigenous community (MSSS, 2021).

A team from CREMIS, together with staff from the Direction de services généraux et des partenariats urbains (DSJPU) were interested in submitting a project. This interest stemmed in particular from a fruitful collaboration, carried out in 2015 and 2016 with Quebec Native Women (QNW), the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) and Makivik to fuel the drafting of fact sheets on intervention with Indigenous people experiencing or at risk of homelessness. The draft specifications are based on various internal consultations and consultations with members of the Indigenous Health Circle of Montreal.

The project consists of an organizational diagnosis of the current state of practices in hospitals, to gain a clearer idea of the issues, needs and promising initiatives underway at the CCSMTL. Based on the current situation at the CCSMTL, the project proposes to support targeted clinical teams in integrating knowledge about cultural safety into their current practices. It is also planned to produce tools to support the implementation of culturally safe approaches in other settings.

B. Year 2 (2022) : project governance and direction

« There have been enough studies and research on Indigenous populations… Isn't there enough literature and research showing that the healthcare system is not culturally safe? What do emergency room staff think? Could we direct the collection to them instead? » – Coordinator, Indigenous partner organization

Initial contacts with Indigenous organizations reaffirm the importance of considering the previous experiences of Indigenous communities in terms of research and participation in various public consultations and inquiries. Indigenous perceptions of the state of public services, particularly health services, have been widely documented, notably in the context of the Viens Commission. The organizations' representatives therefore recommended shifting the focus to the perception of CCSMTL staff and their practices. This orientation also makes it possible to

situate Indigenous actors, not « as the object of research » but rather as experts, helping to contextualize and interpret the data collected and issue recommendations. At the end of 2021, the team was informed of the project's acceptance and funding. The project analysis committee of the MSSS Direction des affaires autochtones recommended that the involvement of Indigenous partners be made explicit at every stage of the project. In line with this recommendation, the CREMIS team, with the help of the Indigenous Health Circle of Montreal, contacted a number of Indigenous organizations interested in establishing a partnership. Five of them agreed to collaborate on the project : the Native Friendship Centre of Montreal, the Indigenous Support Workers Project, the Indigenous Health Centre of Tiohtià:ke, the Montreal Indigenous Community Network and Quebec Native Women.

For the organizations, this project is a continuation of several actions they have already undertaken. While cultural safety is a term that is gaining in popularity within certain academic and governmental networks, Indigenous organizations have been playing an active role in the development of equitable practices for First Nations, Métis and Inuit peoples already for many years. Taking part in a project that brings together research and knowledge mobilization within a healthcare establishment is deemed relevant by the partners, who also remind us of the many challenges still posed today by the participation of First Nations, Métis and Inuit peoples in research initiatives in Quebec. The importance of structuring the project based on guidelines for research in an Indigenous context becomes a central orientation of the project (Regroupement des centres d'amitié autochtone du Québec, 2022, Canadian Institutes of Health Research, 2018, FAQ, 2012, APNQL, 2014).). This orientation was embodied in the drafting and signing of a collaboration agreement between the CCSMTL and the partners.[4]

In the spring of 2022, the governance committee was set up. Over the course of 2022, seven meetings were held. At the request of the partners, the meetings were conducted in English, with free interpretation provided for staff who are more comfortable in French. The partners also recommended that meetings be organized with small groups and plenty of room for exchanges between partners. It was also suggested that the composition of the governance committee should be as stable as possible. The project was thus taking shape on the basis of recommendations from the governance committee and members of the CCSMTL staff. Among the key questions shared with us by internal staff and Indigenous organizations were : where are we at CCSMSTL in terms of cultural safety? What do staff think? To what extent do staff perceptions echo those of Indigenous organizations? It is with these questions in mind that CREMIS refined the project submitted to the MSSS. The consultation and rapid involvement of Indigenous partners helped to consolidate the project so that it was in tune with the questions raised by the various stakeholders.

It was thus determined that the project would have two specific components :

- a research component aimed at taking stock of cultural safety in hospital emergency departments as perceived by staff working there (online survey). This component also included focus groups to gather data on the perceptions of Indigenous health navigators, whose duties require them to accompany members of the Indigenous community to emergency departments.

[4] For reasons related to staff turnover, Quebec Native Women was unable to continue its collaboration with an active contribution in 2022 and 2023, and therefore did not sign the agreement.

- a knowledge mobilization component for which the partners and CREMIS wished to work together to develop various tools to support the practice of CCSMTL clinicians and training/reflection workshops for emergency personnel. The partners and CREMIS thus agreed to develop various knowledge mobilization tools and activities (e.g. video capsules, podcasts, training content) disseminated via the web dossier available on the CREMIS website.

At the same time, steps to meet research ethics requirements were initiated. The CREMIS team was responsible for drafting all the documents, and partners were actively involved in co-constructing the online questionnaire for internal emergency room staff. More specifically, the CREMIS team relied on the work of the Canadian Institute for Health Research (2021) and Healthcare Excellence Canada (2020) to build the questionnaire.

Underpinning this work, the CREMIS team spearheaded various initiatives to bring cultural safety to life within the CCSMTL (and other healthcare settings) (See Appendix A).

C. Year 3 (2023) : signing of partnership agreement, literature review and launch of staff survey

In 2023, five meetings were held with the governance committee. These meetings clarified the final terms of collaboration, supported the recruitment of a research professional, provided input for the research component of the project, and structured the launch of the survey of CCSMTL emergency room staff. The partners were also actively involved in setting up a parallel committee, the Research Committee.

a) Collaboration agreement

In January 2023, the project obtained authorization from the CCSMTL's Comité d'éthique de la recherche en dépendances, inégalités sociales et santé publique (CER-DIS) to carry out the research component, with special support from the Direction des soins infirmiers (DSI) (Project no 2023-1674).). Before officially launching internal data collection, CREMIS and its partners finalized and signed the collaboration agreement. This work involved reviewing the project's intellectual property provisions (with an emphasis on joint ownership) and the project's financial structure.[5] CREMIS thus adjusted the financial contribution paid to the partners, drawing inspiration from other reference frameworks produced on the subject.[6] These adjustments echoed the initial recommendation of the project's analysis committee to the MSSS's Direction des affaires autochtones ; this reshuffling of budget items ensured strong involvement of the Indigenous partners in all stages of the project. The agreement was signed in the summer of 2023, and data collection began. A generic version of the collaboration agreement was made available at the request of partners, to inspire the launch of collaborative projects within the RSSS. The document clarified the parameters of collaboration between the various partners (for example, the fundamental principles on which the partnership is based, the objective of the project, the principles of the agreement, the various committees, the roles and responsibilities of each party and the means used to move towards compliance with

[5] The budget submitted with the 2021 application had not been validated by the project partners, as the governance committee had not been set up yet.

[6] Indigenous partners specifically invited us to consult the standards developed by Concordia University : https://www.concordia.ca/content/dam/concordia/offices/oce/IDLG/Indigenous-Elder-and-Community-Protocols.pdf

the First Nations Principles of Ownership, Control, Access and Possession). The document is available in French and English.

b) Literature Review

At the start of 2023, the CREMIS project team underwent changes in its scientific direction. The team stabilized with the arrival of a PhD research professional working part-time in a peer support organization helping First Nations, Métis and Inuit people experiencing homelessness (project partner). The CREMIS Knowledge Mobilization Coordinator worked closely with the research professionals on the project. Their respective positions (within the CCSMTL/a Montreal Indigenous organization) promoted networking within the CCSMTL and with Indigenous partners. A CREMIS researcher acted as a scientific consultant.

During the spring and summer of 2023, a literature review was carried out. This overview allowed us to take a step back from the local context of the CCSMTL and emergency departments, and to note that cultural safety presents significant challenges, many of which have been documented here and elsewhere. The themes that emerged from the review are : the importance of communication between patients and care providers, community support, staff training on Indigenous realities and historical trauma, organizational and more specifically resource constraints in emergency departments, and the impact of racism and discrimination on Indigenous health. These themes formed the basis of the research committee's meetings.

c) Internal mobilization at CCSMTL

In parallel with the finalization of the agreement and the literature review, the CREMIS team multiplied its efforts to actively collaborate with CCSMTL staff on data collection. Various collaborations took shape to pre-test the online survey and identify the most relevant strategies for maximizing participation. Following their advice, the CREMIS team planned and hosted a lunch meeting (see Appendix A) to launch the data collection.

In the days following the event, the online survey for ER staff was finalized, and data collection took place from September 19, 2023 to October 17, 2023. During this period, various follow-ups were carried out with members of the ER staff, nursing management and professional services, in order to maximize participation in the survey. Several staff members reminded the CREMIS team of the difficulty of conducting data collection in the hospital emergency context. The survey was accessed via an online tool. There are two versions (for general and management staff). To encourage participation and interest in the survey, CREMIS coordinated draws for gifts and prizes.[7]

Late autumn 2023 was devoted to processing the survey data to feed into the work of the research committee, set up at the same time. The CREMIS team collaborated with other internal team members to carry out a preliminary analysis of the data.

[7]Based on partner recommendations, gifts took the form of free admission to the McCord Museum's - Indigenous Voices of Today : Knowledge, Trauma, Resilience exhibition, and gift certificates to boutiques owned by First Nations, Métis, or Inuit.

With the support of the governance committee, the research committee was set up at the end of 2023. This committee, separate from the governance committee, was made up of two representatives[8] from the CREMIS project team, three representatives from the partner organizations, two members of the Montreal urban Indigenous community recruited in collaboration with the partners, and two members of the hospital emergency staff.[9] The role of the CREMIS team was to provide leadership in the direction of the research component of the project. This work involved, for example, defining the questions raised by the data, presenting these analyses and questions to the other members of the research committee, facilitating discussions around the preliminary results, and soliciting the opinions and comments of the committee members. Indigenous members played a role at all stages of the research process. For example, each member was responsible for participating in meetings and interpreting results, by sharing his or her thoughts, information and understanding of the issues involved in data analysis. The role of CCSMTL staff members was to provide additional information on the hospital emergency context, and to share their thoughts on the issues raised by the data analysis process.

D. Year 4 (2024-2025): focus groups of indigenous health navigators, collective data analysis, multimedia productions and report writing.

a) Focus groups, data interpretation

At the beginning of 2024, the CREMIS team organized two focus groups to learn more about the perception of Indigenous health navigators regarding the state of cultural safety in emergency departments. Navigators are staff employed by community-based organizations whose role is to support Indigenous patients when they come into contact with health or social services. Because of their experience, navigators were targeted as key players to complete the data collection and to carry out the situational analysis of cultural safety within the CCSMTL's emergency departments.[10] During two focus groups, participants were invited to share their experiences of accompanying Indigenous patients in emergency departments, and their perceptions of cultural safety in the hospital emergency environment. One important finding emerged from the focus groups : while the experiences of the navigators interviewed were not limited to the CCSMTL's emergency departments, the participants were unanimous : all of Montreal's hospital emergency departments face significant limitations when it comes to working with First Nations, Métis and Inuit peoples, and implementing culturally safe practices. For example, participants spoke of the historical and current traumas suffered by Indigenous patients, their distrust of the healthcare system and their reluctance to use health services. Several participants also spoke of the mismatch between patients' needs and the approach of healthcare staff (administrative requirements, medical protocols, time dedicated to encounters). Several navigators spoke of their experiences of accompanying Indigenous patients in a cold, hostile environment, and of the persistence of negative prejudices.

At the beginning of 2024, the research committee officially took shape, to proceed with a collective interpretation of the data. Between January and May 2024, the research committee met four times. Each meeting began with a presentation by the CREMIS team of data drawn from the survey. Members were then invited to share their views

[8] The CREMIS knowledge mobilization coordinator and the research professional recruited for the project to organize and lead all research committee meetings. A CREMIS senior researcher associated with the project acts as scientific consultant to the committee.

[9] Two Notre-Dame Hospital staff members sit on the committee (Head nurse of the Emergency Department and Head Nurse Manager, Bed Management).

[10] The first focus group took place on February 9, 2023 at the Indigenous Health Centre of Tiohtià:ke Health and brought together 4 navigators. The second focus group was held online on May 16, 2024. Three navigators took part.

on the trends and questions raised by the data. To stimulate discussion, the CREMIS team also shared excerpts from the focus groups with Indigenous health navigators, as well as key points from the literature review. In parallel, the governance committee maintained its commitments and met three times. These meetings were an opportunity for members to contribute to the collective analysis of data.

A sustained timetable and multiple mobilizations; the start of 2024 was an opportunity to experiment intensively with a dialogue between different sources of knowledge (professional and experiential knowledge of actors from Indigenous organizations and representatives of Montreal's Indigenous community, empirical data drawn from data collection, professional knowledge of CCSMTL staff). While this approach was certainly energy-intensive, it does bring together actors who would not otherwise have met. This convergence of viewpoints and voices generated meaning, and enabled us to collectively identify the main findings of the project.

b) Multimedia productions and report writing

During the summer of 2024, the CREMIS team began production of video capsules designed to report on the project's main findings, give a voice to members of Montreal's Indigenous community regarding their perception of cultural safety in the healthcare system, identify ways to embody cultural safety in everyday life, and propose actions to more actively promote the development of equitable care and services for First Nations, Métis and Inuit patients. Four filming sessions, in four different locations, were organized from late August to mid-October 2024, with thirteen participants from different backgrounds (representatives of partner organizations, members of the Indigenous community, Indigenous health navigators and workers in Indigenous community settings, and CCSMTL staff). The CREMIS team also carried out various actions to close the loop with the internal staff who participated in the survey and to share the results of the process with various players in Montreal's Indigenous community (see Appendix A). Two meetings with partners were scheduled for 2025.

5. THE STATE OF CULTURAL SAFETY IN THE CCSMTL'S HOSPITAL EMERGENCY DEPARTMENTS : KEY FINDINGS

This section presents the main findings of the project. These findings are grouped under three themes : 1) Cultural safety knowledge and skills, 2) Sources of cultural safety knowledge, and 3) Experiences of discrimination and racism in emergency departments.

While participation in the survey proved to be high, certain limitations need to be explained from the outset. For example, when the survey was launched, the CREMIS team was informed by Verdun Hospital's emergency staff that, despite their interest, their participation in the survey would be limited, given the major challenges they faced at the time (union mobilization, staff turnover, etc.). The data collected is therefore mainly based on the participation of Notre-Dame Hospital emergency room staff. We were also informed that the survey had been circulated more actively within nursing networks, and less within groups of more precarious care staff. Participation in the survey focused on internal CCSMTL staff, to facilitate data collection. The survey therefore did not include security guards, whose role is nonetheless significant in the experience of emergency department users. Survey’s respondents were likely to be more interested in the topic of cultural safety that the overall emergency staff population.

As with the research committee, the survey questions and data are used here as a springboard to highlight the perspective of committee members, particularly First Nations, Métis and Inuit actors. The data will also be used to fuel discussions and reflections within the organization, with a view to continuing the development of culturally safe practices.

Theme 1. Knowledge and skills for cultural safety in hospital emergency departments

The first section of the survey was designed to explore staff perceptions of their level of knowledge and skills around cultural safety. Participants were asked to identify their level of agreement (strongly agree to strongly disagree) with statements such as « I know […] about the territories of First Nations, Métis and Inuit communities (able to locate them on a map) [… components of colonialism and the system of assimilation of First Nations, Métis and Inuit in Canadian history (e.g. the Indian Act, residential schools, criminalization of cultural practices, mass slaughter of sled dogs in Nunavik, numbered treaties, etc.), […] the Joyce principle ». Respondents were then asked to self-assess their level of competence by identifying their level of agreement (strongly agree to strongly disagree) with various statements such as « I feel competent to provide care and services that take into account [… the cultural and linguistic diversity of First Nations, Métis and Inuit, […] the intergenerational effects of colonization on the physical and mental health of First Nations, Métis and Inuit, […] the effects of discrimination and racism in public services on the health of First Nations, Métis and Inuit ».[11]

The data collected show that the majority of respondents believe they know and feel competent in regard to several statements surrounding cultural safety. The majority of responses to the various statements generally converged towards « agree » and « strongly agree ». These trends gave rise to several discussions within the research committee. Members of the research committee expressed surprise and questioning about these trends. It is, for example, possible that respondents have varying interpretations of the notion of competence, depending on their work context, professional mandates, disciplinary training and level of experience. It is also possible that some people may have overestimated their levels of knowledge and skills to better meet the expectations of the establishment.

The members of the research committee feel that this is too optimistic a reading of the current state of practice. The trends drawn from the survey contrast significantly with the situations experienced in emergency departments, as reported by Indigenous health navigators. They shared with us their often-difficult experiences of support.

The following quotes illustrate, from the perspective of Indigenous health navigators, **a first finding : there is a gap between the perceptions of emergency room staff surveyed and those of the Indigenous communities we met, in terms of what it means to be « culturally competent » when it comes to cultural safety :**

« *Sometimes when people talk about cultural competency it assumes that the white way of caring is the standards. […] But I think that kind of way of thinking needs to be abolished and in fact you just have to be humble. See the human in front of you ».* – Indigenous Health Navigator

[11] Managers were asked a different question, beginning with the statement « To what extent do you feel competent to support teams in delivering care and services that take into account…». The data show that the managers who responded to the survey perceive their skills to be more limited when it comes to cultural safety, compared with clinical staff.

« Also I feel sometimes they [ED staff] have a really closed way of seeing right and wrong, they have their own right and wrong and for example someone comes for an injury to the head and they're like "oh, but it happened because you were drinking" they don't just see the injury, there the 'moralisateur' instead of just treating the injury that the person has come, they have to add "oh, but if you didn't drink, it would not have happened" which isn't necessarily true, like a head injury can happen to anybody and I feel like they're really focused on the wrong things ». – Indigenous Health Navigator

Theme 2. Sources of staff knowledge about cultural safety

While the majority of respondents felt they knew and felt competent in the field of cultural safety, most had never received any specific training on the subject. This is the strong trend that emerges from the data in the second section of the survey. Participants were invited to answer the question « My knowledge of Indigenous realities, colonization, cultural sensitivity or cultural safety was acquired through (you can select more than one possible answer) ». This question was then followed by two others : « Have you taken the mandatory RSSS training entitled "Sensibilisation aux réalités autochtones"? And « Have you taken any training dealing specifically with Indigenous cultural safety? ».

The majority of respondents indicated that their knowledge of cultural safety had been acquired through on-the-job training. Other response options included : university training, reading books, writing or listening to films made by Indigenous people, other. While a large majority of participants indicated that they had taken mandatory awareness training, a small proportion of respondents said that they had taken training dealing specifically with Indigenous cultural safety. For the research committee, these data highlight a paradoxical trend : while the majority of respondents claim not to have taken any specific training on cultural safety, they nonetheless tend to rate their self-assessment of knowledge and skills in the field rather highly.

Is the RSSS mandatory online training course entitled « Sensibilisation aux réalités autochtones » the main source of knowledge for survey participants? This question was raised by several members of the research committee, who also shared concerns about the limitations of this single source of information.

These findings point in the same direction as key elements drawn from the literature review. Indeed, a consensus emerges from the articles regarding the need for more robust and specific cultural safety training for healthcare staff and « […] that a one-time introduction to Indigenous cultural safety training is not enough to support healthcare professionals to implement culturally safe practices (Filion et al., 2020; Leclerc et al., 2018 cited in Shearman, 2025) ».

The following quotes combine the perspective of a member of the CCSMTL's internal staff, an Indigenous health navigator and a director of an Indigenous partner organization. These excerpts **illustrate the second finding : despite relatively positive staff trends in terms of knowledge and skill levels, knowledge development, support and coaching for CCSMTL staff are required to ensure sustainable cultural safety practices.**

« *We were given a two-hour training session, and then that was it. There was nothing else…* » – CCSMTL staff member

« […] people working in the healthcare system, they really need to educate themselves, and realize that they have to see all the stuff that Indigenous people have been through. There needs to be a lot more education […] The nurses and the doctors, they have to stop taking everything so personal […] when someone is going through a

traumatic experience, like not wanting to see a doctor, it's not because of them and they take it so serious ». – Indigenous Health Navigator

« Because I feel like Jordan's principle[12] is often ignored in healthcare settings and in social service practices as well, and it would have been good to understand what they know about that. (…) When I think of cultural safety, I think it goes beyond just the treatment of how you're interacting with people. And I think a lot of it is understanding, for example, like the noninsured health benefits program and how you can refer people, for example, like the generic drug over the prescription drug that they're going to have to pay for the brand name drug versus generic. […] I think part of cultural safety is the doctor's understanding what systems are in place to support Indigenous people, to make sure that they're healthcare needs are met, and it has to go beyond just how are you treating a person in your interaction ». – Director, Indigenous partner

Theme 3. Experiences of discrimination and racism in the emergency department

The next section of the survey focused on staff perceptions of experiences of discrimination and racism within emergency departments. Staff were asked to respond to various statements based on the following statement : « Thinking back on my employment experience in the hospital emergency department as of today, I have witnessed a situation…». For each statement, participants were asked to indicate « yes », « no », « I don't know / prefer not to answer ». For statements answered in the affirmative, participants were then asked to indicate the frequency : « Never », « Rarely », « Often » and « Always ». Here are a few examples of statements : « I have witnessed a situation in which hospital emergency personnel took the time to give health information in a language that was easy to understand, or used an interpreter in an Indigenous language », « I have witnessed a discriminatory or racist situation towards First Nations, Métis or Inuit employees », « I have witnessed a situation in which hospital emergency personnel took the time to give health information in a language that was easy to understand, or used an interpreter in an aboriginal language », « I have witnessed a discriminatory or racist situation towards First Nations, Métis or Inuit employees », « I have witnessed a discriminatory or racist situation towards First Nations, Métis or Inuit patients », « I have witnessed a situation in which staff treated a First Nations, Métis or Inuit person as if they were drunk or asked repetitive questions about substance use for no apparent clinical reason », « I have witnessed a situation where staff ignored or minimized the health problems of a First Nations, Métis or Inuit person ».

Two main trends emerge from the data in this section : the majority of respondents claim not to have witnessed situations of discrimination or racism, or indicated « I don't know / prefer not to answer » or did not answer the question.

If the data can be interpreted as signs of hesitation and unease, sometimes tinged with optimism, the members of the research committee feel that this section once again reveals major gaps in perception with what is experienced from the point of view of the people concerned. For example, several navigators report having witnessed situations where First Nations, Métis and Inuit people were unable to access emergency services because they couldn't speak French. Representatives of Indigenous organizations believe that discrimination and racism based on language are very common in Montreal, affecting many Indigenous people who were socialized

[12] According to the First Nations of Quebec and Labrador Health and Social Services Commission, Jordan's Principle « […] named in memory of Jordan River Anderson, aims to ensure that all First Nations children, regardless of where they live or their circumstances, have access to the care and services needed to support their optimal development and well-being. Administered by the Government of Canada, this principle focuses on the best interests of the child by funding health, social and education services to address needs not covered by existing programs. » What is Jordan's Principle? - CSSSPNQL

and educated in English without their consent during colonization. The persistence of prejudice and the infantilization of Indigenous patients are other elements reported by members of Indigenous organizations and navigators when talking about their experiences of accompaniment in emergency rooms.

The data in the following section follow the same trend. In response to the question « Thinking back on your experience working in a hospital emergency department, to what extent do you agree with the following statements? » respondents were asked to rate various statements on a scale from strongly agree to strongly disagree. To the statements « The emergency room where I work is a safe place for a First Nations, Métis or Inuit patient », and « The emergency room where I work is a safe place for a First Nations, Métis or Inuit employees », the majority of respondents answered « Strongly agree » and « Agree ».

A third finding emerges : the members of the research committee once again feel that this is a reading that contrasts significantly with their experiences, and this in relation to the seriousness of the situations experienced in the emergency field, the recurrence of situations of discrimination and racism experienced by members of the Indigenous community in Montreal. All the partners and navigators we met were unequivocal : the current situation is such that many people prefer to tolerate injuries and health problems rather than seek care from public services. This perspective from members of the governance, research and navigator groups also echoes key elements drawn from the literature review. The data drawn from the survey are thus at odds with the widely documented presence of anti-Indigenous racism rampant in healthcare and emergency settings (Castner, 2021; Govindasamy and Carlin, 2022; Pilarinos et al., 2023; Varcoe et al., 2022 cited in Shearman, 2025). The following excerpts from quotations exemplify the perspective of Indigenous health navigators and partners :

*« Here in so called Quebec we are in a special place in "Canada" and we have a national identity. Some people think they are colonized but they are really colonizing, it's so f*cking weird. As Indigenous people we live a lot of racism based on that, I've never lived that as I was colonized in French, I'm lucky I guess but people who speak English if you take the history of the Oka crisis or whatever, we have this background and when you go to a hospital and its said "oh, I'm not going to speak English because its colonialism or nationalism" it's really racism. » – Indigenous Health Navigator*

« I have someone around me who works in the healthcare system and she's really like that. She told me, if a patient talks to her in English and she's going to be like "no, I'm not talking to you, you're going to talk to me in French" » [Free translation] – Indigenous Health Navigator

« I see a lot of infantilizing, or they rely more on me […] they ask me the questions instead of asking the person that's there. Or if they do ask the person the question, they're still looking at me to confirm, or almost acting if I'm a parent or guardian instead of someone who is there for their support, and not for the staff at the hospital. » – Indigenous Health Navigator

« We also know that MANY Indigenous people are assumed to be homeless and drug/alcohol users and are therefore not treated with dignity or respect. This needs to be in this report. Additionally, at no fault of our own, our colonized language is often English and in Quebec, you WILL be denied services for this. I have been. And MANY others have been as well. » – Director, Indigenous partner organization

« *There is a real need for sustainable funding for Indigenous-led healthcare services such as the […]. No amount of training will make a racist person change their behavior. Indigenous people need to have self-determination in health and this includes leading their own healthcare.* » – Director, Indigenous partner organization

CONCLUSION

The data collected through the survey, the focus groups with Indigenous health navigators, as well as all the discussions held with Indigenous partners, all converge on a general finding : There is a disconnect between the realities perceived by the Indigenous community and the view of the CCSMTL's emergency staff respondents in regard to the state of cultural safety.

The literature review highlights the fact that emergency departments face major challenges, such as ongoing staff shortages and changes in management. These are fast-paced environments with limited resources. These structural realities, which were not specifically targeted in the survey, make it difficult to implement equity-focused intervention strategies (Varcoe et al., 2022 cited in Shearman, 2025). The members of the research committee are aware of the emergency situation in Montreal and the fact that these realities are often beyond the control of field staff. That being said, all members reiterate, in line with the information drawn from the literature review, that structural factors should not be perceived as insurmountable obstacles nor should they be used as an excuse to deny services or mistreat patients. Every day, First Peoples patients present themselves in emergency departments, and it is crucial to work towards culturally safe services despite the structural challenges that need to be addressed.

The navigators pointed out that many Indigenous patients have experienced traumas associated with Quebec's governmental institutions. These traumas often translate into mistrust and reluctance towards seeking health and social services. As a result, Indigenous patients may delay seeking help for their health problems, which in many cases worsens their condition. Their arrival in emergency departments is often accompanied by stress, fear and a deterioration in their health. In today's emergency context, it is essential to focus the patient/caregiver encounter on clear communication, using language that is accessible to the people we meet. Navigators point out that the pace of emergency care and the need to optimize meeting times often make it difficult for staff to establish a relationship that respects people's needs.

If there is one point of convergence between the survey data and the Indigenous stakeholders we met, it's the lack of referrals to Indigenous organizations in the public health services. Indeed, to the statement « I have witnessed a situation in which a First Nations, Métis or Inuit patient was referred to Indigenous organizations or resources offering traditional care », we note that a majority of respondents indicated « No ». This point of view is shared by members of Indigenous organizations and navigators; bridges really need to be built to ensure that practitioners are aware of and recognize the existence of Indigenous resources, particularly in the health field. Further, members of various committees associated with this project stress that these relationships need to be initiated by those on the side of the health-care system as they should be able to determine how to successfully integrate Indigenous resources into their work.

One of the central principles of culturally safe approaches is to consider the point of view of Indigenous patients; that they feel safe. There is a significant gap between the perceptions of the in-house staff surveyed and those of Indigenous stakeholders. While the picture is relatively positive for in-house staff as regards the state of cultural safety in emergency departments, First Nations, Métis and Inuit representatives report serious discriminatory and racist situations that mark the daily lives of Indigenous people when they access hospital emergency services. A significant number of situations involve exclusion from emergency services because they don't speak French.

According to Indigenous partners, these situations are exacerbated when people have unstable residential situations and challenges with substance use.

Often reduced to an intangible subject, cultural safety is promoted on a voluntary basis, without clear requirements or adequate training. The fact that the staff surveyed have a relatively positive view of the state of cultural safety in emergency departments, as opposed to that of First Nations, Métis and Inuit representatives, highlights the systemic nature of power relationships; the set of practices, norms and attitudes that ensure the reproduction of racism within care environments seems invisible to the staff who responded to the survey. Culturally safe approaches invite us to take a closer look at these unequal power relations in a settler colonial context. The development of culturally safe practices therefore calls for concrete commitments within the facility, in line with the recommendations of the Viens Commission, which presupposes first and foremost strengthening the basis of collaboration with Montreal's Indigenous communities.

The proposal submitted to the MSSS's Direction des affaires autochtones; included conducting a cultural safety assessment in the CCSMTL hospital emergency department, supporting more targeted clinical teams to promote the integration of culturally safe knowledge into their current practices, and developing tools to support the implementation of the culturally safe approaches in other settings. Due to internal circumstances within the emergency department and within the team, adjustments to the schedule had to be made during the data collection and analysis period. This compressed the time dedicated to supporting more targeted teams. Under these circumstances, the governance committee decided to focus on lunch meetings as the main clinical support activities. It was also deemed more useful to focus our energies on producing a variety of products (video capsules, podcasts, articles) and a web dossier that were relevant and accessible in different settings. These tools may be of particular interest to clinical teams seeking flexible content to support staff knowledge development. The project, by focusing on an integrated approach to research and knowledge mobilization, co-constructed with Indigenous partners and CCSMTL staff members, led to the production of tools as well as the creation and facilitation of a network of stakeholders that could be mobilized to continue the work. The stage is set for the continuation of clinical team support activities should similar funding projects be renewed. Various internal environments are calling for this, both from practitioners and managers.

This project illustrates the potential for fruitful collaboration in the context of the health and social services network and Indigenous networks, and offers avenues to facilitate the development of knowledge, the pursuit of reflective practice and the identification of various actions for change. More structuring and sustainable actions are essential to ensure culturally safe environments within the CCSMTL. These efforts must necessarily involve not only research and Indigenous partners, but all departments within the organization.

APPENDIX A -

All the actions carried out by CREMIS throughout the project to bring cultural safety to life at CCSMTL

Date	Action
June 2, 2022	Episode **28 of the podcast Sur le vif du CREMIS *Pour un accès équitable aux soins et services à l'intention des Premières Nations et des Inuit* with Stéphanie Héroux Brazeau is launched**. It focuses in particular on the work of the Montreal Indigenous Health Advisory Circle
June 10, 2022	A round table called ***Réalités autochtones dans les services de santé et les services sociaux: à quels changements de pratique nous invite l'approche de sécurisation culturelle?*** is organized as part of the annual Journées du Conseil multidisciplinaire et du Conseil des infirmières et infirmiers du CCSMTL (Multidisciplinary Council and Council of Nurses of the CCSMTL). Panelists are drawn from various CCSMTL teams (Mélanie Beausoleil - Équipe itinérance - , Sophie Bellefeuille -Guichet d'accès en santé mentale adulte and Manuel Penafiel - Équipe d'organisation communautaire) and Indigenous organizations/authorities (Denis Lessard from the Regroupement des centres d'amitié autochtone du Québec and Philippe Meilleur from Native Montréal). The event, part of one of the CCSMTL's main ongoing training activities, was attended by around 75 people from various CCSMTL teams.
October 6, 2022	A continuing education event **entitled *L'intervention culturellement sécurisante auprès des personnes autochtones en situation d'itinérance : savoirs*, *savoir-être et savoir-faire*** is held online and recorded. This activity, part of a series of CREMIS Lunch and Learn event on Homelessness, brings together five panellists from academia (Nmesoma Nweze, doctoral student, clinical psychology, McGill University), the CCSMTL clinical milieu (Monica Weber, Équipe itinérance), Indigenous organizations (Vicky Lenseigne, Native Friendship Centre of La Tuque, Wayne Robinson, Native Friendship Centre of Montreal, Guillaume Native Friendship Centre of Trois-Rivières) and a facilitator, coordinator of the Montreal Indigenous Health Advisory Circle -Stéphanie Héroux Brazeau. 162 people took part in this activity, offered in French and English.
Autumn 2022	Article published in Revue du CREMIS, Volume 13, Issue 2, titled *Soins et pouvoirs. The article* ***Décoloniser le système de santé : aperçu des travaux du Cercle consultatif en santé autochtone de Montreal*** is a reworked version by the editorial team of the interview Stéphanie Héroux Brazeau gave to the CREMIS team in June 2022.
December 21, 2022	Episode **no. 30 of the CREMIS podcast Sur le vif** *Pour une pratique culturellement sécuritaire de la protection de la jeunesse en contextes autochtones with Christiane Guay, Nadine Vollant and Lisa Ellington*. It focuses specifically on the release of their recently published book *KA NIKANITET : pour une pratique culturellement sécuritaire de la protection de la jeunesse en contextes autochtones.*

September 8, 2023	A lunch meeting entitled « *Se parler pour mieux se comprendre* » is organized to launch data collection in emergency departments and stimulate support for the project. The CREMIS team presents a broad outline of the project, followed by 6 guests. They include Jennifer Pettiguay-Dufresne, Director of Joyce's Office of Principle, two project partners (Lyn Black of the Indigenous Support Workers Project, accompanied by Shirley Dewind, Peer Coordinator, and Alexandre Joncas-Huard of the Montreal Indigenous Community Network) and two Médecins du Monde staff members (Mathieu Morin-Robertson, Indigenous Health Navigator and project manager, and Lucie-Catherine Ouimet, front-line nurse practitioner). A traditional Indigenous meal was offered during this activity. The event is recorded for **later viewing**. Approximately 40 people attended the event, both from Montreal's Indigenous community and from various branches of the CCSMTL.
September 16, 2024	An event called « Diner-rencontre sur la sécurisation culturelle autochtone : un an plus tard, où en sommes-nous? » was held to report on the main results of the project. Approximately forty people attended.
March 11, 2025	Episode **no. 33 of the CREMIS** Sur le vif podcast entitled *« L'intervention culturellement sécurisante: la pratique engagée de deux soignantes »* with Lucie-Catherine Ouimet, front-line nurse practitioner at Médecins du Monde and at the Native Outreach Clinic at the Native Friendship Centre of Montreal, and Pénélope Boudreault, nurse clinician and Director of national operations and strategic development for Médecins du Monde Canada in Montreal.
Spring 2025	Four video capsules have been finalized and broadcast, in French and English, on the following themes: 1) Main findings of the project 2) A culturally safe space from the point of view of members of Montreal's Indigenous community 3) How culturally safe approaches take shape on a daily basis and 4) How to actively promote culturally care and services for First Nations, Métis and Inuit.
Summer 2025	Distribution of a **web dossier** on the CREMIS website, bringing together all the project's products (recorded activities, podcasts, project reports, etc.) in an accessible format. For members of partner organizations, the web dossier is also an opportunity to publicize products already developed within Indigenous networks.
Summer 2025	Article to be published in the Revue du CREMIS entitled *L'accompagnement est un acte de soin* (working title), complementary to the podcast with Lucie-Catherine Ouimet and Pénélope Bourdeault.

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