



Policy on Responsible Conduct of Research

1. INTRODUCTION

Carrier Sekani Family Services (CSFS) is committed to the healing and empowerment of community members by taking direct responsibility for health, social, legal, and research services for First Nations peoples of the Carrier and Sekani territory. CSFS places emphasis on the search for knowledge and its dissemination to the Member First Nations we serve, as well as the larger society. As such, the Agency supports and encourages the highest ethical standards in research through the design and implementation of policies that guide responsible research practice. CSFS is responsible for ensuring that all research related to the Member First Nations peoples and communities is conducted in a respectful and ethical manner. This includes collaborations with researchers, and projects sponsored by agencies, governments, and foundations. This policy, in conjunction with the CSFS Research Ethics policy, sets out the regulatory framework for researchers, emphasizing their crucial role in meeting their professional responsibilities regarding responsible conduct of research.

2. PURPOSE

CSFS is committed to excellence in research and to ensuring that the highest standards of responsible conduct of research are understood and practiced. The Agency and all individuals who complete research with CSFS Member First Nations have a responsibility to maintain the highest ethical standards. Such practices, as noted in the Tri-Agency Policy Framework: Responsible Conduct of Research (https://www.nserc-crsng.gc.ca/NSERC-CRSNG/Governance-Gouvernance/rcr-crr_eng.asp) include but are not limited to:

- a. Recognizing the contribution of individuals, including Member First Nation participants, in the appropriate and fair creation of intellectual property.
- b. Respecting traditional knowledge and the systems from which it is derived, acknowledging its significance in our research practices.
- c. Using unpublished or published materials of others only with permission and appropriate acknowledgement.
- d. Following the regulations and requirements of granting agencies, including proper use of funds.
- e. Using scholarly and scientific rigour and integrity in obtaining, recording and analyzing data, and in reporting and publishing results.
- f. Develop research protocols as appropriate, ensuring that data collection, storage, analysis, and dissemination methods meet community needs and generally accepted research practice.



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- g. Proactively prevent and address real, potential, or perceived conflicts of interest that may affect research-related duties and responsibilities.

3. SCOPE

This policy and the procedures contained in this document apply to all internal and external researchers and other persons involved in conducting research with CSFS and or a CSFS Member First Nation. It is also applicable to research involving any individual or community that CSFS serves.

4. DEFINITIONS

- a. The Agency: Carrier Sekani Family Services
- b. Member First Nations: The eleven First Nations communities that are members of the Carrier Sekani Family Services, including T'sil Kaz Koh (Burns Lake Band), Cheslatta Carrier Nation, Lake Babine Nation, Nadleh Whut'en, Nee Tahí Buhn, Saik'uz First Nation, Skin Tyee First Nation, Stelat'en First Nation, Takla Nation, Wet'suwet'en First Nation, and Yekooche First Nation.
- c. Participants: For the purposes of this document, participants are individuals who take part in research, either directly or indirectly through a representative, and who have given informed consent.
- d. Research: For the purposes of this document, is the systematic investigation and presentation of information involving Member First Nations and their community members. It involves the collection, documentation, analysis, and interpretation of data, followed by the dissemination of findings using appropriate methodologies. Informal communication between a CSFS employee or service provider and community members aimed at understanding the community is typically not considered research under this policy.
- e. Researcher: For the purposes of this document, a researcher refers to:
 - i. Any person, including CSFS staff, who conducts or advances research on behalf of, or in partnership with, the Agency.
 - ii. Any person, including CSFS staff, who conducts research using agency resources, including research space, materials, equipment, and financial or human resources.
- f. Breach of Policy: as used in this document, includes but is not limited to the following:
 - i. Fabrication or falsification of data.
 - ii. Plagiarism, theft of ideas or appropriation of another's work.
 - iii. Failure to adequately recognize the contributions of those involved in the research.



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- iv. Acquisition of cultural items, including intellectual property, without due benefit to those entitled to the items.
- v. Failure to comply with federal, provincial, university, granting agency, or CSFS regulations outlining the protection of researchers, human subjects, or the public.
- vi. Abuse of power in research activities impacting collaborators, participants or other members of CSFS communities.
- vii. Failure to appropriately identify, address, or reveal any real, potential, or perceived conflict of interest during review of research grant applications.
- viii. Failure to reveal to CSFS any financial interest, direct or indirect, in a company that contracts with CSFS to undertake research.
- ix. Sharing confidential information with third parties without the permission or approval of the rightful owners.

5. CONFLICT OF INTEREST MANAGEMENT

CSFS will strive to identify, eliminate, minimize, or otherwise manage real, potential, or perceived conflicts of interest for all individuals involved in research activities. Managing a conflict of interest includes, but is not limited to, prevention, evaluation, disclosure, and the application of appropriate remedies as outlined in this policy. This includes conflicts of interest to participants as well as to the scholarly integrity and credibility of research. Researchers must proactively disclose any real, potential, or perceived conflicts of interest that may affect their research-related responsibilities or outcomes. Any such conflict of interest that may impact research conducted under the jurisdiction of CSFS must be promptly reported to the Director of Quality and Innovation as outlined in section 5.3 of this policy for reporting and addressing conflicts of interest.

5.1 DEFINITION OF CONFLICT OF INTEREST

Conflicts of interest, whether real, potential, or perceived, arise when personal affiliations or interests could compromise judgment or research integrity. Conflicts may arise from financial, professional, or personal interests that could influence research-related decisions or actions. Identifying and managing these conflicts is crucial to maintaining research credibility and validity.

5.2 FORMS OF CONFLICT OF INTEREST

In research, a real conflict of interest arises when a researcher stands to personally benefit from the research outcome, potentially compromising its integrity. A potential conflict occurs when personal, private, or financial interests could affect the researcher's responsibilities. A perceived conflict emerges when others believe personal interests could compromise the research's integrity.



5.3 REPORTING AND ADDRESSING CONFLICTS OF INTEREST

Upon encountering a real, potential, or perceived conflict of interest during research, it is imperative to formally disclose it in writing to the Director of Quality and Innovation. This disclosure must be clear, professional, and devoid of ambiguity, outlining the nature of the conflict. Such transparency upholds ethical standards. The Director, after receiving a disclosure, must follow the procedures outlined in Section 6 of this policy for reporting and investigating conflicts of interest. This process complies with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans.

6. PROCEDURES FOR REPORTING AND INVESTIGATING BREACH OF POLICY

All allegations, inquiries, and subsequent investigations of policy breaches against individuals or communities associated with CSFS will be handled seriously, confidentially, and with respect for due process and natural justice. The Agency's Director of Quality and Innovation will form a committee to investigate allegations of a policy breach. The Committee will consist of impartial members, including at least one person who is not affiliated with CSFS. The Committee will be chosen based on their ability to remain free from any real, potential, or perceived conflict of interest and will be granted the authority to determine whether a policy breach has occurred. The reporting and investigating procedures will be completed within a reasonable timeline. All allegations will be handled in a way that protects the interests of both the complainant(s) and the respondents(s) who have made the allegation in good faith and with credibility.

Anonymous allegations will be investigated if they are accompanied by sufficient and credible facts and evidence without the need for further information from the complainant. If an allegation of a policy breach arises at another institution, the receiving institution will contact the complainant to determine where the investigation should be conducted.

In exceptional circumstances, CSFS may take immediate action to protect the administration of Agency funds, either independently or at the Agency's request, when investigating allegations. Immediate actions could include freezing grant accounts, requiring a second authorized signature, or other measures as deemed appropriate to prevent unauthorized or misuse of Agency funds. These procedures address policy breaches on the part of anyone involved in research activities with CSFS.

The following steps will be used regarding investigating all allegations of Breach of Policy:

- a. Individuals who believe they have well-founded suspicions of, or who have allegations of a breach of policy reported to them should report the matter to the Institution's Director of Quality and Innovation.
- b. The reported allegation may be written or verbal.
- c. A reported allegation must include:
 - i. The date and time of each incident you wish to report



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- ii. The name of the person or persons involved in the incident
 - iii. The name of any person or persons who witnessed the incident
 - iv. A full description of what occurred
- d. Upon receiving an allegation, the Director of Quality and Innovation will initiate an investigation within three (3) days and complete a thorough investigation within two (2) weeks.
- e. If the circumstances allow, parties are encouraged to resolve the matter through collaborative practices such as mediation at any stage of the allegation. The Director may involve the CSFS Justice Department to aid in the mediation process. If the mediation is successful, no further action will be taken.
- f. Recognizing that CSFS often partners with Universities for research, where applicable CSFS will notify and work with appropriate University personnel when conducting an investigation.
- g. The investigation will determine the validity of an allegation that allows both the complainant and respondent an opportunity to be heard, and allows the respondent to appeal if a breach of policy is confirmed. The investigation process will include:
- i. Informing the alleged offender(s) of the complaint
 - ii. Interviewing the complainant(s), alleged offender(s) and any identified witnesses
 - iii. Collecting and reviewing documents
 - iv. Consulting with impartial experts in the field in question as necessary and appropriate.
 - v. Notifying appropriate University personnel of the allegation.
 - vi. Notifying third parties such as funders as appropriate.
 - vii. The investigation report including the final decision will be provided to the Director of Quality and Innovation.
- h. The Director of Human Resources will maintain all records, including investigation notes and findings, in accordance with legislation. If the allegations are deemed to be without merit, the records will be destroyed in accordance with legislation and CSFS practice.

7. ACTION TAKEN BASED ON INVESTIGATION

- a. If the Director of Quality and Innovation determines through investigation that the allegation is without merit, all practical steps shall immediately be taken to redress any harm to the individuals involved as well as the reputation of CSFS that may have resulted from the allegation.



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- b. If the Director of Quality and Innovation deems the allegation to have merit, they will evaluate the severity of the incident and consult with the Chief Executive Officer and external partners to determine the course of action that CSFS will take.
- c. Potentially criminal behaviour (e.g. assault, sexual assault, threats of harm, etc.) will be addressed to the police.
- d. The Chief Executive Officer will implement appropriate penalties, reprimands, and/or remedies for a CSFS employee that are consistent with the nature and seriousness of the policy breach as per the CSFS Administrative Procedures Manual.
- e. The Chief Executive Officer will notify the appropriate University personnel of penalties or reprimands against a university researcher. Sanctions against a university researcher may include, but are not limited to, refusal of future research within a CSFS Member First Nation and notification to funders.
- f. The Director of Quality and Innovation shall prepare a report for the Secretariat on Responsible Conduct of Research (SRCR) on each investigation it conducts in response to an allegation of policy breach. Subject to any applicable laws, including privacy laws, each report will include:
 - i. The specific allegation, summary of the findings, and reasoning to support the investigation.
 - ii. The process and timelines followed in the investigation.
 - iii. The researcher's response and any measures the researcher has taken to rectify the breach.
 - iv. The final decision, including the recommendations and actions of the institution's investigative committee.