



CARM
Canadian Alliance of
Racialized Midwives

Canadian Alliance of Racialized Midwives DRAFT Terms of Reference

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PURPOSE, RESPONSIBILITIES AND DELEGATED POWERS OF THE COMMITTEE

The Canadian Alliance of Racialized Midwives (CARM) convened to find ways to support, connect, advocate, and provide professional development to racialized midwifery communities across Canada. The CARM provides guidance and recommendations to the Canadian Association of Midwives (CAM) and support to racialized midwives and midwifery students across the provinces and territories.

The Terms of Reference (ToR) acts as a basis of solidarity, CARM will aim to act as a voice for racialized midwives and birthing communities through diverse representation on the Committee and through ongoing engagement with communities with diverse and intersectional experiences. However, the CARM is not solely responsible to address the issues that it identifies. This responsibility and accountability must be shared by CAM, provincial and territorial associations, individual midwives and midwifery stakeholders, to ensure meaningful and long-lasting change.

CARM is intended to give voice to the perspectives and experiences of racialized midwives. In recognizing that Indigenous communities experience multigenerational trauma and ongoing systematic racism rooted in Canada's colonial history and present-day policies, the National Council Indigenous of Midwives (NCIM) gives voice to the perspectives and experiences of Indigenous midwives. As such, the unique experiences of racism and colonization as experienced by Indigenous midwives is appropriately outside the scope of this Alliance. CARM also recognizes the intersectionality of both Indigenous and racialized individuals and leaves it up to such individuals to participate in either one or both groups as appropriate.

The responsibilities of the CARM are to:

- Explore the ways in which racial discrimination and systemic inequities experienced by racialized midwives and birthing communities manifest within the healthcare system, how they present challenges and barriers for midwives, and how they can be addressed;
- Critically analyze the current state of the profession from a decolonized, racial justice and intersectional lens to identify existing gaps that need to be filled, barriers that must be addressed, and strengths that can be built upon;
- Provide guidance to CAM, provincial and territorial midwifery associations and education programs and other stakeholders on implementing racial justice principles into organizational strategic goals, objectives, priorities, policies and practices, with the aim of supporting racialized midwives, midwifery students, and birthing and pregnant populations;
- Maintain a global, equitable and inclusive view of racial diversity in the midwifery profession;
- Provide guidance on the recruitment, retention, professional growth and career satisfaction of racialized midwives;
- Keep abreast of broad trends and best practices related to anti-racism work and for combatting systemic oppression nationally.

GENERAL MEMBERSHIP

Eligibility: Each individual in the general membership must self-identify as Black and/or racialized, and be either:

- Canadian or internationally trained midwifery program graduate who is actively practicing, inactive, on leave, or retired
- Current Canadian midwifery student or a student on leave
- Allied worker or student who supports midwifery, birthing communities, or mandates of the CARM
- Midwives who were credentialed internationally but were unable to credential in Canada due to systemic racism and/or discriminatory barriers.

Midwives and midwifery students in the general membership are voting members at Annual General Meetings. Allied workers are non-voting members.

The role and responsibilities of the general membership includes:

- Examining the social and cultural determinants of health (SCDH) and health outcomes of racialized birthing communities to improve their health and wellbeing (i.e., birth workers, families, clients and workers of all kinds experiencing social and health disparities and inequities).

- Voting members in the general membership will be consulted by the Core-Leadership on decisions such as amendments to the ToR, strategic goals and services, governance policies and ethical dilemmas that impact the core purpose and values of the CARM. However, operational processes will be determined by the Core-Leadership.

The general membership will attend at minimum one (1) meeting per year.

THE CORE LEADERSHIP CIRCLE

The affairs of the Canadian Alliance of Racialized Midwives will be guided by a team called the Core Leadership Circle, which will act in accordance with the vision and core purpose of the CARM. The Core Leadership Circle is a non-hierarchical body composed of individuals from across the country who will be chosen from the general membership of the CARM. Three Co-Chairs will lead the activities of this central group.

COMPOSITION OF CORE LEADERSHIP CIRCLE

The Core Leadership Circle will consist of at least 5, and no greater than 13 individuals, including the three Co-Chairs. Each member must identify as BPOC and/or racialized. The Core Leadership Circle will include:

- At minimum, 25% of members with Black lived experience, as a means of responding to the unique and pervasive violence of anti-Black racism and to provide space to amplify the strength and diversity of Black voices and experiences
- At minimum, 70% of members who have completed midwifery studies
- At minimum, 50% of members who have actively practiced within the last five years
- One (1) to two (2) midwifery students; when two (2) students are involved, priority will be to have at least one (1) student with Black lived experience

The Core Leadership Circle will also seek the representation of racialized members from intersecting social, equity-deserving identities, as well as other geographic and/or demographic groups including (but not restricted to):

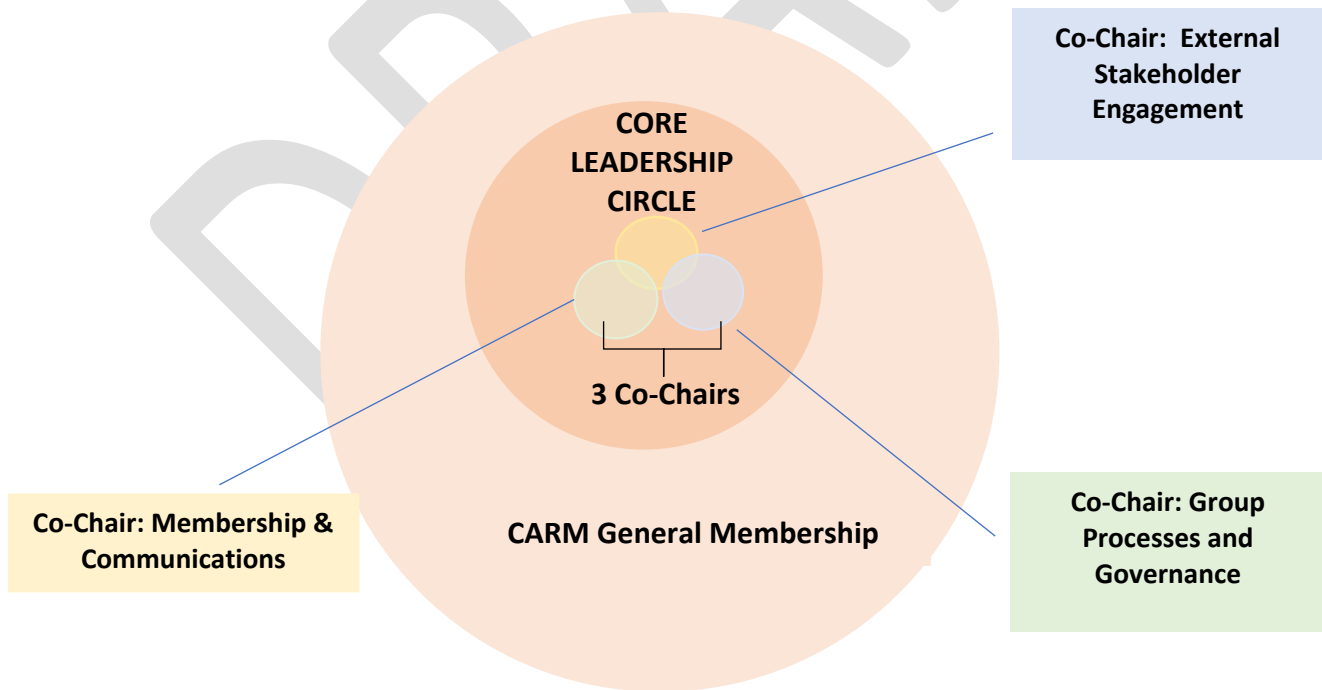
- 2SLGBTQ+
- living with disability
- minority religious/faith communities
- immigrants/refugees
- francophone
- low socioeconomic status
- practicing in alternate/extended models
- rural/remote
- provincial/territorial
- internationally educated (particularly

- linguistic communities
- single parent
- from the Global South)
- within first five years of practice
- 20+ years of experience

CORE LEADERSHIP CIRCLE RESPONSIBILITIES

The Core Leadership Circle will be responsible for:

- Upholding the values, principles, and policies of the CARM
- Collaborating to identify and implement the priorities of the CARM
- Communicating with and providing engagement opportunities for the CARM membership
- Establishing and/or participating in Leadership Circle Committees as required
- Representing the CARM to external groups as required
- Participating and offering guidance for CARM strategic and financial decisions
- Advising and providing consultation in support of internal and external racial equity strategies
- Producing or consulting on position papers and/or advocacy statements
- Sharing administrative and executive responsibilities as delegated by the Co-Chairs
- Attending Core Leadership Circle and general membership meetings
- Rotating the meeting facilitation and report-writing roles; learning, practicing, and modeling consensus-based facilitation



Governance Structure of the Canadian Alliance of Racialized Midwives

LENGTH OF TERM

- Core Leadership Circle Members will serve a two (2) year term, which is renewable twice, thus total of six (6) years consecutive
- Students in the Core Leadership Circle will serve a one (1) year term, which may be renewed once. Upon graduation, individuals who were student members may be re-appointed as midwife members.
- Core Leadership Circle Members may self-nominate or be nominated by another member of the CARM.
- Core Leadership Circle members will be appointed and reappointed by existing Core Leadership members.
- No more than 50% of the Core Leadership Circle scheduled terms will end their term in a given calendar year.

CO-CHAIRS

The three Co-Chairs will collaboratively provide leadership and guidance for the rest of the Core Leadership Circle.

COMPOSITION

In addition to the requirements to participate in the Core Leadership Circle, Co-Chairs must:

- have completed midwifery education
- have been in the Core Leadership Circle for at least one term (thus, minimum of two years).

CO-CHAIR RESPONSIBILITIES

Co-Chairs will communicate regularly with each other and the Core Leadership Circle to provide transparency and ensure that everyone in the group is informed of progress on objectives. In addition to being the key contacts of the CARM, each Co-Chair will hold a specific portfolio of activities that they are responsible for coordinating. These include:

- **Member Engagement & Communications:** Member recruitment; identifying

capacity-building training and professional development activities; organizing events/symposia; key contact for student bodies (e.g., Student Midwives Association of Canada), midwives and allied workers.

- **Group Processes & Governance:** Develop and monitor CARM's internal group processes (decision-making, meeting facilitation, recruitment, accountability, etc.), develop policy and advocacy statements that reflect the CARM values; to inform CAM and regional associations' processes to work towards racial justice.
- **External Stakeholder Engagement:** Relationship building with CAM, provincial/territorial associations and governing bodies, government, and other stakeholders; create engagement strategies and leverage opportunities for collaboration with external groups that have shared values

Financial management responsibilities, including writing grant funding applications and managing funding from any source will be a shared responsibility of the Co-Chairs. Allocation of funding and resources will be a consensus-based decision made by the Core Leadership Circle.

Co-Chairs will receive remuneration for their services as per the Co-Chair Stipend ToR

LENGTH OF TERM

- Co-Chairs will serve a two (2) year term, which is renewable twice, thus total of six (6) consecutive years.
- Co-Chairs are eligible for nomination after two (2) years in the general membership*
- Co-Chairs may self-nominate or be nominated by another member of the Core Leadership Circle
- Co-Chairs will be selected by Core Leadership Circle consensus
- Only one (1) Co-Chair will leave their term at a time to ensure continuity and integration of the incoming Co-Chair

MEETINGS

- Meetings of the full CARM membership will occur once annually
- The Core Leadership Circle will have biannual meetings; one (1) of which will be followed by the meeting of the CARM membership
- Meetings may be convened in-person, virtually, or by teleconference.

* The two (2) year requirement will be waived for the first group of Co-Chairs to allow CARM to have three (3) Co-Chairs serving the Committee in its early days.

- Each meeting will have a Chair from the Core Leadership Circle facilitating (rotating) and minute-taker which may be a CAM staff providing administrative support to CARM.
- Members may be required to provide input between meetings, for example, via e-mail
- CAM administrative staff will attend meetings as a resource to CARM (i.e., taking minutes), but are not members of CARM.
- Minutes for each meeting will be recorded and circulated.

RULES FOR MEETINGS

In recognizing that there are different and complex power dynamics in midwifery that may put some individuals in vulnerable situations, the CARM will strive to create a protective space for members to engage in meaningful discussions freely, safely and respectfully. If a CARM member identifies that an individual's attendance during a specific discussion contributes to the vulnerability of a member, the individual may be requested to recuse themselves of the discussion as appropriate. If a member is identified to not adhere to the rules of this meeting, one or more of the Co-Chairs will address the individual directly. If the behaviour continues or if the behaviour is egregious, the Co-Chairs in consultation with the Core Leadership, may remove the member of the CARM. The Co-Chairs may consider drawing on a facilitator as needed to assist managing conflict or challenging situations that may arise

Decision-making will be done by consensus where possible. Where this is not possible and a decision needs to be made, varying viewpoints will be considered, with a priority placed on principles of equity and centering the voices of people who are marginalized. Upon considering these viewpoints, a decision will be reached by majority vote. To achieve Quorum at the CARM AGM, 50 % + 1 of voting members need to be midwife members.

Members who either miss more than two meetings in a row (except due to attending births or other extraordinary circumstances) or miss two meetings in a row without notifying the Co-Chairs, may have their membership on the CARM revoked.