



Champlain Regional Planning Table for Trans, Two Spirit, Intersex and Gender Diverse Health, Mental Health and Social Services

Terms of Reference

Approved: April 23, 2018

Territory Acknowledgement: *To begin we acknowledge that the Champlain LHIN is in the territory of the Algonquin Nation. This is to remind us that many of us are guests here and to act, as much as possible, in accordance with local protocols.*

Context

The Champlain region is large and diverse covering a large urban centre - City of Ottawa - and otherwise small and rural areas. This large geographic region has a significant francophone, Indigenous, and racialized population with many residents speaking a language other than English or French. Within this diverse context, Trans, Two Spirit, Intersex and gender diverse people in the Champlain Region are a marginalized and underserved population. Many health and social service providers in Ottawa and surrounding counties have made efforts to address service gaps for this population. However, in recent years the demand has increased dramatically and placed pressure on providers to meet trans, Two Spirit, Intersex and gender diverse communities' expectations of timely, competent and culturally appropriate gender-affirming care. Trans, Two Spirit, Intersex and gender diverse people themselves have not been substantively involved in the design or delivery of these services and continue to voice the need for responsive programs that are informed by community knowledge.

Vision

The vision of the Regional Planning Table (RPT) is to ensure Trans, Two Spirit, Intersex and Gender Diverse people of all ages within the Champlain region have access to client-centered, culturally appropriate, gender affirming and timely transition-related care; health care; services and programs for mental health, addictions and concurrent disorders; and social services across the Champlain region. Our vision is for healthcare, mental health and social services to meet the diverse needs of trans, two spirit, intersex and gender diverse people, and that they are available when and where they need it. It is our fundamental practice to embed meaningful community engagement in the work of the RPT.

Mission

The Mission of the Regional Planning Table (RPT) is to improve the quality of and access to client-centered, culturally and clinically appropriate gender-affirming health care; transition-related care; services and programs for mental health, addictions and concurrent disorders; and social services across the Champlain region for Trans, Two Spirit, Intersex and gender diverse people.



Membership

The RPT is comprised of an equal number of community members and organizational members. THIO will have two seats. Each other organizational member will have one seat. The RPT includes a number of community members equal to the number of organizational members, minus THIO.

The community representatives will be individual representatives from Trans, Two Spirit, Intersex and gender diverse communities with diverse identities, backgrounds and experiences. In general terms, organizational representation will be drawn from all regions of the Champlain LHIN, and will include organizations that offer services to the trans, Two-Spirit, intersex and gender diverse community and organizations that can advance the mission of the RPT.

Membership will be reviewed on an annual basis.

All members of the table will participate on an equal basis and will have equal say in all decision-making processes.

Principles

The RPT values shall be embedded in the core of all work that takes place within the RPT.

- **Community Engagement:** Trans, two spirit, intersex and gender diverse communities will be actively consulted and engaged to inform the work of the RPT.
- **Community Representation:** The RPT is committed to ensuring membership on the RPT from diverse communities within the trans, two spirit, intersex and gender diverse community. In particular, we seek the involvement of Indigenous people, Black people, non-black and non-indigenous racialized people, people from Francophone communities, people who are newcomers to Canada, people with disabilities, youth, and older adults.
- **Collaborative Decision Making:** All decisions of significance to the RPT and the work of the RPT will be made through a collaborative decision-making model that ensures all community members and service providers with membership on the RPT have a voice in decisions.
- **Transparency & Accountability:** The RPT is committed to ensuring transparency and community accountability in all work done by the RPT. Meeting minutes will be made readily available, and the RPT will engage in a minimum of two annual initiatives to provide the trans, two spirit, intersex and gender diverse community with updates on the work of the RPT, and opportunities to provide feedback on the role, approach and direction of the RPT.
- **Compensation:** Acknowledging the value of community contribution, knowledge and active engagement, as well as the systemic barriers experienced by trans, two spirit, intersex and gender diverse communities, the RPT will ensure fair compensation for all work done by community members with membership on the RPT.
- **Cultural Competency:** The RPT is firmly committed to embedding Indigenous cultural competency and the recognition of Indigenous history, culture and experience as a core practice within all work of the RPT. The RPT is committed to truth and reconciliation with Indigenous peoples.



- **Anti-Oppression:** The RPT is committed to working in a way that combats cissexism, racism, sexism, ableism, colonialism, classism, heterosexism, and the stigmatization, erasure and invalidation of intersex bodies and acknowledges the interconnected nature of differing forms of oppression. The RPT is committed to engaging diverse intersections of trans, two spirit, intersex and gender diverse communities, and operating in a way that values and acknowledges those who exist at various intersections of oppression.
- **Prioritizing Trans, Two Spirit, Intersex and Gender Diverse Employment:** The RPT is committed to hiring trans, two spirit, intersex and gender diverse people whenever and wherever possible for any positions related to or resulting from the work of the RPT.
- **Agency of Trans, Two Spirit, Intersex and Gender Diverse People:** The RPT affirms that the only one capable of knowing one's gender and/or sex is the individual in question, and that trans, two spirit, intersex and gender diverse have the fundamental human right to make decisions for themselves when it comes to health and social services.
- **Accessibility:** The RPT is committed to ensuring accessibility in all of its work. Accessibility includes the physical accessibility of spaces, as well as the accessibility of language, actions and documentation used both within RPT meetings, and in communication with the public.
- **Confidentiality:** The RPT is committed to intentionality in confidentiality. Unless stated otherwise, all personal information is confidential. Organizational information may sometimes be confidential, and for greater clarity, service providers will state when this is so, and all members of the RPT will seek clarification if they are unsure.

We recognize the work of the RPT is often difficult and that individual members will sometimes need support outside the table in order to be able to continue to do the work - we agree that this will be done in a way that protects specific personal and organizational names and details. In all cases, whatever we share outside the RPT will be done with a view to supporting, not undermining, the work of the RPT and the partners who are part of it.

Meetings

- Costs associated with organizational participation in meetings will be covered by each organization.
- Meetings will take place monthly, with exceptions as determined by the whole of the RPT membership. Additional meetings will be scheduled as needed.

Roles and Responsibilities

The work of the RPT is breaking new ground and has the potential to be transformative. It is also demanding and challenging work. We recognize there is a differential role for, and impact on, those with lived experience. We will endeavour to support each other and find affirming ways to work together, and we acknowledge that we will carry the message of the RPT to the extent we are able.

Members will:

- Increase our own knowledge and competency, inform ourselves about cultural competency, and welcome and accept knowledge shared with us as part of RPT meetings



- Share information about the work of the RPT within our community and/or organization, and other tables and organizations we work with, including key messages, policy advice and suggestions for improving systems and services, as agreed at the RPT
- Advance the recommendations of the RPT and advocate for system transformation.
- Listen, reflect and consider other people’s perspectives.
- Maintain confidentiality.
- Create space for diverse input, and ensure issues raised are discussed and followed up on.
- Reduce the burden of any one member being the sole advocate for a particular lens or context of the work, by taking responsibility for either promoting or challenging the perspective, to the advancement of the work of the RPT.
- Document our actions and next steps.
- Welcome and accept conflict as a way to learn.

Appendix A: Decision Making

A.1: Decision Making Process

The RPT operates at the IAP2 level of collaborate for decision making whenever possible. This means that all members of the table must be consulted on the decision and must come to an agreement before a decision can be made. This procedure applies to all decisions related to:

- Budget
- Creation of RPT documents
- Creation of job descriptions and requirements for positions created by the table
- Selection of candidates for positions created by the table
- Actions taken by the table
- Methods of reporting back to the community
- Any other situation where a member of the table requests that the table be consulted regarding an upcoming decision

A.2: Community Member Co-Writing of RPT Documents

The RPT will strive to ensure that the voice of the trans, two-spirit, intersex and gender diverse community shapes all key documents issued by the RPT. The preferred way to achieve this is that key documents and submissions are authored or co-written by a member of the community.. Co-writing a document means:

- All authors have the opportunity to contribute to all sections of a document
- The document is written using a method that allows all authors to see the progress of the document (e.g. Google docs)
- All authors have equal say in the final version/draft of the document that is presented to the table and must reach consensus, or bring any outstanding decisions to the table as a whole
- All members of the table must have sufficient opportunity to review and approve the document before it is considered final, including after feedback is initially incorporated



A.3 Structure of our meetings

When an action item is agreed on, the person or group responsible for implementation will be noted in the minutes.

A.4 Co-Chairs

The RPT will have two co-chairs, one from the community and one from the service providers. The two co-chairs will be responsible for developing the agenda for RPT meetings, alternating chairing of the meetings, and other duties as agreed upon by the RPT.

A.5 Minutes

Staff of the RPT will be responsible for preparing minutes of meetings and circulating them to RPT members.

A.6 Consensus Decision-making

The RPT will use the consensus model below for making decisions:

In this approach, people are not simply for or against the decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. Fully support.
 2. Support with reservations.
 3. Acceptable
 4. Will not block it, can live with it.
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5. Need more information or more discussion.
 6. No; cannot accept it.

If everyone is at level #4 or above, consensus has been reached.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestion being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group.

If someone is at level 6, they have a responsibility to express their reservations.

In addressing someone's reservation, it is important that

- a) Both the person expressing the concern and the rest of the group have a responsibility to find solutions, and
- b) People suggest improvements that meet the objectives of the entire group.

(This model was adapted from the BC Labour Force Development Board)



Appendix B: Table Membership

B. Community Representatives for the RPT

The RPT will make 50% community representatives from trans, Two Spirit, intersex and gender diverse communities a priority, and seek to recruit to fill vacancies in a timely manner. In the interim period, the RPT will continue to work. Community members are selected through a rolling application process. The application will be available on line and in person and individuals can apply at any time. When a community member leaves the RPT or an opening for a new community representative becomes available, a selection committee of two service providers and two community representatives will select new community representatives from the pool of applicants. The selection process will consider the representation of marginalized community members at the table, and will prioritize Indigenous people, Black people, non-black and non-indigenous racialized people, people from Francophone communities, people who are newcomers to Canada, people with disabilities, youth, and older adults with the goal of create representation at the table that is as diverse and equitable as possible. If a community member leaves the Table, every effort will be made to fill the vacancy within three months.

B.2: Agency Membership at the RPT

Our intention is that the organizational membership in the RPT will cover a range of sectors, including primary care, speciality care, mental health and addictions, social services, and funders and capacity-building, and within these sectors representation would include Indigenous, rural, youth and francophone agencies.

Agencies wishing to join the RPT may express interest to the RPT and a decision will be made by consensus on a case by case basis. Agencies, except for THIO, may each have one representative at the table. THIO may have 2 representatives. Agencies may change their representative at any time at their own discretion. Agencies are encouraged to be intentional in the selection of their representative, and choose a representative in a position to a) carry forward the work of the RPT in their agency and/or sector, and b) bring the perspective of their agency/sector to the RPT.

B.3: Leaving the RPT

It is expected that community members and organizational representatives will commit to staying at the Table until the end of Phase II (March 2020). Members who chose to leave the table will be given the opportunity to provide feedback through an exit interview with a member of the RPT table that they trust who will report back to the RPT with any recommendations from the exiting individual.

Appendix C: Honoraria for Community Representatives

C. 1: Logistics

The RPT supports the principle of providing honoraria for community representatives for attending RPT meetings and other work as designated by the RPT, within the limits of the budget.



Appendix D: Commitment to Anti-Oppression and Human Rights

Affirmation of Intersex and Non-Binary Human Rights

The RPT affirms the current scientific understanding that human sex is more realistically defined as a spectrum than a binary, and that one can make no assumptions at all about a person's gender(s), or other sex markers based on phenotype or genital appearance.

The RPT affirms the human rights and human dignity of the trans, two-spirit, intersex and gender diverse populations by acknowledging that one has the right not to choose between one of two binary sexes; that one can be neither, both, or in-between 'male' and 'female' in terms of both sex(es) and gender(s), that the only one capable of knowing one's gender(s) is the person concerned, that the only person who should be able to make decisions about non-emergency gonadectomies and cosmetic genital surgeries is the person concerned.

The RPT affirms the human rights of the obviously intersexed by affirming in principle that under no circumstances should infants and children be subjected to unconsented genital "normalization" surgeries, including misnomered "minor corrections," whose purpose is to enforce genital conformity across an entire population, based on our culture's preferences for genital appearance.

Appendix E: Procedures for Ensuring Accessibility

E.1: Accessibility of Conversations and Decision Making within the RPT

The RPT acknowledges that conversations surrounding health care, health equity and social services are often very academic in nature and that there are barriers to understanding and participating in these conversations for people who do not have experience working in health care or social services. Given this, the RPT is committed to ensuring that discussions at the table and reports to the community are as accessible as possible and use language that is less academic. Members of the RPT commit to working to engage all members of the table where they are at and ensuring that everyone is able to participate equally in conversations as they occur. In order to ensure that all members of the table have the opportunity to contribute to decision making processes, the chair of each meeting will ensure that everyone has a chance to speak on each agenda item before concluding discussion on that item.

E.2: Conflict Resolution Process

- See suggestions in separate document.

E.3: Acknowledgment of Power Differential Between Community Members and Providers

The RPT acknowledges the historical and current power differences between community members and service providers at the RPT. The history of transphobia in health and social services means that trans, Two Spirit, intersex and gender diverse people have seldom had a say in issues affecting their communities and that their communities have been and continue to be pathologized, marginalized, silenced and excluded, and to face a range of experiences within the health and social services, including trauma and violence. The RPT acknowledges that this reality impacts the ability of community representatives at the table to voice their concerns and increases the stress that this work places on members of trans, Two Spirit, intersex and gender diverse communities, as a result of the trauma and violence faced by their communities within the health and social service systems. The RPT commits to valuing and intentionally listening to community representatives at all times and to acknowledging and working to reduce this power difference and its impact on the work of the RPT wherever possible.