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## Antiracism Policy

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### Vision

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The Canadian Paediatric Society (CPS) recognizes and values differences in “race”, national or ethnic origin, Indigenous identity, gender identity/expression, sexual orientation, ancestry, place of origin, colour, citizenship, religion/spirituality, age, marital status, family status, political affiliation, and ability. The CPS is committed to providing safe and inclusive spaces and opportunities to members and staff who identify as racialized, and to support the full engagement and safety of members, staff, and communities we serve.

Racism has been embedded into Canadian society—in universities, health care facilities, teaching hospitals, organizations, and workspaces. Racism is more than blatant acts of hate, discrimination, or stereotyping. It can also be unconscious, subtle, and subversive.

When race overlaps with other aspects of identity such as gender expression, sexuality, religion, ability/mobility, or social economic status, people who have been historically marginalized or oppressed can face even more barriers.

As an organization of professionals who care for children and youth, we also know that racism is a determinant of health. Action on antiracism is essential not only for the well-being of CPS members and our organization, but for the children, youth, and families we serve.

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### Why do we need an antiracism policy?

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Racial discrimination is the expression of a socially constructed ideology of racial hierarchy, which in turn is rooted in Eurocentrism and embedded into institutions and structures like policies. Racism drove colonization and was evident in the foundation of Canada: It justified the genocide of the original inhabitants of these lands. Racism—against Indigenous people, African diaspora/Blacks, and Asians, among others—has been prominent throughout Canadian history.

First Nations, Inuit, and Métis peoples continue to be affected by Canadian policies such as the Indian Act and the residential school system, both of which aimed to “erase the Indian, until there is not a single Indian in Canada.” The international trans-Atlantic slave trade aimed to generate replaceable, free labour to work on stolen land. South and East Asian racism has

resulted in indentured slavery, the exclusion of certain immigrants (for example, the Komagata Maru incident), and the Chinese Head Tax.

Racism can operate simultaneously at many levels—in individuals, systems, and institutional and social spaces. It can be easy to deny the existence of racism when it is woven into daily life, pervasive and often invisible.

Racism and racial discrimination affect people’s perceptions of one another, causing implicit and/or explicit ideas, attitudes or stereotypes to be normalized. This leads to preconceived notions or beliefs about specific individuals, demographic groups, and situations. In turn, these perceptions lead to behaviours that validate and propagate racism.

Racism can intersect with and amplify xenophobic discrimination, such as Islamophobia and anti-Semitism, which create even more barriers for refugees and immigrants to Canada. For newcomers, racism may affect equal opportunities and access to asylum or immigration, education, jobs, housing, health care and social services, and limited participation in decision-making bodies.

Like other forms of discrimination, racism causes physical and psychological harm such as depression and hypertension, and may transmit across generations. For meaningful and sustainable change, racism must first be acknowledged and exposed.

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## Policy context

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The CPS supports international, federal, and provincial acts that uphold human rights.

**The UN Convention on the Rights of the Child** mandates signatories to:

- “Respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of [children’s or caregivers’] race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”
- “Take all appropriate measures to ensure that [children are] protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.”

**The Canadian Human Rights Act** says everyone must have “an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race” or other aspects of identity and experience.

The **Ontario Human Rights Code** recognizes “the inherent dignity and worth of every person and to provide for equal rights and opportunities without discrimination.”

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## A note about language

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Within the current context of antiracism work, the term “BIPOC” refers to people who identify as Black, Indigenous, or of colour. It includes people who have been oppressed, excluded, or marginalized by colonial policies, institutions, and practices and in the health care system. As antiracism work shifts and grows over time, this term may not reflect the self-identity of all members. Terminology will be reviewed and changed as needed.

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## 1. Policy objectives

This policy supports the following **vision**:

- Racism is identified and eradicated in our organization.
- The communities that we serve and represent see themselves valued and reflected within the CPS work, membership, and leadership.
- The national, ethnic, racial, cultural, religious, and linguistic diversity of Canada is reflected in the conception and delivery of child and youth health care.
- Racism is recognized as a social determinant of health, and clinicians adopt strategies to mitigate its effects.

The **purpose** of this policy is to:

- Shape and enhance processes, practices and structures that promote an environment free of discrimination, prejudice, and bias, where all individuals are treated with respect and dignity.
- Identify and eliminate barriers that have prevented members or staff who identify as BIPOC from participating fully in the CPS community, including in leadership.
- Ensure that principles of equity, diversity, and inclusion are used to shape CPS policies, procedures, relationships, and advocacy efforts.

The CPS has a **responsibility** to:

- Be accountable for this policy, and commit to upholding the commitments to and expectations of members.
- Model antiracism practices to members and partners, and offer opportunities for training and education in antiracism policies, practices, and procedures.
- Ensure that members who identify as BIPOC are not exploited or overburdened by practices and/or procedures developed to implement this policy.
- Identify, adopt, adapt and/or develop tools and training to ensure that members, leadership, working groups, and staff can implement this policy.

## 2. Policy framework

Policies guide and influence organizational infrastructure and decisions by communicating values, culture, and expected behaviour or conduct. This policy will help ensure the CPS is inclusive and respectful of the lived experience and all aspects of a person's identity. To do this, the CPS will:

- Review/revise all CPS policies every 2 years to ensure they support our vision for antiracism.
- Consider and include the full diversity of people who would benefit from or be affected by the policy.
- Identify and eradicate systemic barriers that prevent members who identify as BIPOC from full and/or safe engagement in the organization at all levels.

- Engage and connect with other organizations, health care and educational institutions involved in antiracism work to ensure that this policy remains current and relevant.
- Align with external policies that promote equity, fairness, and inclusion, such as Canadian Human Rights Act and the Ontario Human Rights Code.

### 3. Leadership and governance

As a national association of paediatricians who care for children and youth in all parts of the country, the CPS membership should reflect Canada’s racial and ethnic diversity. Representation strengthens debate and decision-making, and ensures CPS can effectively meet the needs of its communities. Yet members who identify as BIPOC have not been equitably represented in leadership positions.

As a member-driven organization, the CPS is governed by elected and appointed volunteers. At all levels—from the Board of Directors to committees, sections, and task forces—volunteer members set organizational directions and priorities.

#### Leadership development

- The CPS will work to establish relationships with members who identify as BIPOC to create safe and open conversations—led by BIPOC members—that lead to meaningful reflection and change. Members from dominant groups should work to make the CPS a safer organization for all members who identify as BIPOC.
- The CPS will work to engage and recruit people who have not been part of the organization. Executive members should be actively involved in this effort, which is vital to achieving authentic racial parity. Given the years of exclusion, intentional recruitment of members who identify as BIPOC is an important step forward.
- Working and/or ad-hoc groups within the CPS will develop outreach, recruitment, and authentic integration strategies to increase participation of members who identify as BIPOC.
- The CPS will research and develop other policies and initiatives to encourage and effect greater participation of members who identify as BIPOC. All efforts will be made to prevent tokenistic, inauthentic or performative allyship.
- Participation of members who identify as BIPOC will be prioritized in nomination of the Board of Directors, supporting authentic inclusion and representation.
- Participation of members who identify as BIPOC will be prioritized in the nomination of leaders of working groups (e.g., committees, sections, task forces).
- The CPS will use an intersectional lens to prioritize members who identify as BIPOC and other marginalized identities, such as persons with disabilities or from the LGBTQ2IA+ community.
- The CPS will continue to adapt governance structures and functioning to promote full and inclusive engagement and participation of members who identify as BIPOC.

- The groups responsible for selecting CPS leaders will include members from diverse racial and cultural communities.
- Leadership opportunities should be actively promoted to candidates who identify as BIPOC and relevant organizations.

### **Leadership diversification**

To increase the percentage of members who identify as BIPOC in senior leadership (e.g., Board members, committee chairs, section presidents), the CPS will:

- Set a reasonable and accurate target to increase the percentage of members in these positions who identify as BIPOC.
- Establish annual targets in leadership development programs, succession plans, recruitment shortlists, and coaching/mentoring.
- Conduct an analysis of membership data (collected voluntarily, with communication to members as to the purpose of such data collection) and trends to assist with benchmarking and evaluation, and to guide evidence-based strategies for improvement.

### **Governance: Decision-making**

To ensure that decisions reflect the organization's commitment to antiracism and equity, diversity, and inclusion, decision-making processes must be transparent. To do this, the CPS will:

- Seek authentic inclusion and representation of members who identify as BIPOC when organizing events or selecting CPS representatives for panels or meetings. BIPOC members must have every opportunity to be included in conversations where change is occurring, bringing a genuine voice and experiential knowledge. Members who identify as BIPOC will be invited to share their subjective experiences.
- Facilitate full participation of all members at meetings through measures acknowledging cultural and linguistic diversity.
- Strive for a co-chair model of leadership among working groups, including at least one chair from an historically or currently under-represented group. These groups will be responsible for ensuring that appropriate measures are developed to promote authentic inclusion, which could include: a formalized system of support and mentoring; pre-consultation meetings to explain processes; ensuring that advisors are available at the consultations. Progress on this model should be reviewed regularly.

### **Governance: Accountability and transparency**

To ensure the organization is accountable for the commitments in this policy, the CPS will take these actions:

- One year after the adoption of this policy and thereafter every two to three years, the CPS will monitor progress through an audit by the Antiracism Steering Committee. Among the data sources are:

- Feedback on antiracism initiatives from CPS members who identify as BIPOC.
- Degree of representation by members who identify as BIPOC on in specific areas of the organization (eg., leadership, speakers, etc).
- Membership recruitment processes and results, details about membership diversity, and experiential insights from members.
- Degree to which supporting policies and structures within the CPS have undergone review and/or revision with an antiracism lens.
- Number of workshops held at conferences on issues related to (anti)racism, attendance at these workshops and participant evaluations.
- Encourage working groups to develop antiracism action plans to incorporate this policy in all aspects of the organization.
- Conduct regular voluntary audits to determine the composition of member/staff, Board, and guest facilitators.
- After 5 years, review the antiracism policy and update as needed.

To ensure the policy is accessible, it will be:

- Posted on [www.cps.ca](http://www.cps.ca), linked from other CPS websites, communicated to members in newsletters and shared on social media.
- Available in English and French, and made available in other languages upon request.

#### 4. Membership

As a member-driven organization, the CPS will undertake practices to ensure our membership is actively involved in promoting antiracism. All members are encouraged to:

- Understand and support this policy.
- Build awareness that allows them to recognize racism in CPS spaces and report any instances of racism and discrimination.
- Voluntarily participate in regular audits to determine the composition of the membership.
- Act in ways that reflect and uphold the values and principles of this policy.

Recruitment efforts will:

- Reflect Canada's diverse and cultural communities by building relationships with culturally diverse organizations in health and medicine.
- Seek candidates who identify as BIPOC.

All members will have opportunities to:

- Participate in antiracism education and advocacy opportunities throughout the CPS.
- Be part of creating and using an inclusive tool that allows members to anonymously report racism and discrimination within the CPS, either at the interpersonal, institutional or systemic level. CPS will strive to operate as an organization that has “no wrong door” for reporting racism.

## 5. Staff and human resources

All staff should be recruited, selected, developed, evaluated and promoted based on employment equity, which addresses systemic barriers that obstruct full participation from historically and currently underrepresented groups, including people who identify as BIPOC.

To increase the percentage of paid staff who identify as BIPOC, the CPS will:

- Establish annual targets in leadership development programs, succession plans, recruitment short-lists, and coaching/mentoring.
- Conduct an analysis of employee data (collected voluntarily) and trends to benchmark, evaluate, and guide evidence-based strategies for improvement.
- Advertise in mainstream and ethnic-specific or diverse job and media sources.
- Ensure job postings state that an employment equity hiring policy is in place.
- Review existing criteria for recruitment, selection and development of staff to identify any systemic barriers to applying for work at CPS.
- Ensure application forms are free from discriminatory or biased language and/or requirements.
- Ensure hiring managers receive training on and demonstrate commitment to antiracism issues related to human resources.
- Establish and manage an effective policy and procedure that can identify and report workplace discrimination (eg., from manager, peer) and/or discriminatory practices in recruitment, selection, development, evaluation, and promotion.
- Implement preferential hiring—where qualifications are equal—of candidates who identify as BIPOC.

## 6. Antiracism education

Recognizing the need for ongoing antiracism education, the CPS will:

- Provide board members, leaders (ie., committee chairs, section presidents, task force chairs) and staff with opportunities for training/education in antiracism by: developing a plan for ongoing training sessions in consultation with experienced and knowledgeable facilitators; and engaging in ongoing and thorough evaluation of training programs with a critical race lens, which considers the social construction of “race” or ethnicity as the starting point of one’s experiences, opportunities, or threats.
- Create an inventory of antiracist materials including tools, advocacy information and guidelines to help CPS members support their patients who identify as BIPOC (in clinical care, research, and community spaces).
- Maintain and promote an inventory of articles and resources on antiracism in health care.
- Seek, review and recommend relevant advocacy tools that can be used to assess child- and youth-related government policies for racial bias/effect.
- Address antiracism issues at working group meetings, and share information about how CPS members can engage in similar work in their institutions.



- Hold workshops and conferences on issues relating to racism that include time for reflective learning.
- Network with other groups committed to antiracism.
- Develop and maintain active links with organizations supporting ethno-racial communities by networking and seeking their participation, views, and concerns.
- Support members and other organizations involved in parent/caregiver education and seek opportunities to extend CPS health information .
- Create dedicated space for antiracism topics within the Annual Conference, as well as other opportunities (for example, supporting, participating, or collaborating with others on antiracism education events) to provide networking and learning opportunities for members and allied health professionals.
- Ensure equitable access to professional development to help members/staff and Board increase their skills and knowledge on antiracism.

## 7. Communications

All communications, both external and internal, will be consistent with antiracism principles. Specifically, staff will:

- Ensure all materials purchased or promoted (including, websites, videos, training materials, etc.) have positive images of people from diverse racial and cultural communities. Resource materials should not contain offensive material or reinforce negative stereotypes/images.
- Use language and images that are inclusive, reflecting racial and ethnic diversity, in publications, policies and communications with members, partners and the public.
- Monitor and respond to negative media portrayal of members or volunteers who identify as BIPOC .
- Undertake proactive media work that addresses antiracism in health care.

## 8. Research

Applying a critical race lens to all research activity conducted or supported by the CPS is essential. Research is neither neutral nor unbiased, so the entire process must be considered.

To that end, the CPS will:

- Support equitable access to funding opportunities for all researchers.
- Promote the integration of antiracism in research design and practices.
- Increase equitable and inclusive participation in research systems.
- Ensure research teams incorporate an antiracism perspective across the entire research process, from study design and data collection to data analysis and most importantly interpretation and dissemination of data findings.
- Promote use of tools such as the [Health Equity Impact Assessment](#), especially where treatment of patients and families who identify as BIPOC is involved. HEIA tools aims to reduce and prevent racial harm and discrimination in the health system of people who identify as BIPOC.

## 9. Relationships with suppliers

Inclusive services and vendor representation reach more people, have more impact, and support social economic status in communities impacted by systemic discrimination and racism. When possible, the CPS should work with ethnic-specific organizations for products and services. Racial equity will be of greater relevance to the procurement of some goods, services and infrastructure projects than to others, such as the development of antiracism policy. The more relevant race is to a specific contract/service, the more it must be considered at each stage of the procurement.

## 10. Important health issues beyond the current scope of this policy

This policy is a work in progress, and is largely focused on the actions of the organization. Yet our members work within the broader health care system, and paediatrics intersects with other areas of this system. Among the potential areas for action include:

**Women's health:** Centering a person's identity and lived experiences provides insight into the realities of individuals who identify as women and BIPOC may experience due to the interplay of race and gender. The CPS may be involved in antiracism work in women's health through research, conference participation or advocacy when there is a clear intersection with pediatric health in areas such as maternal/fetal medicine, adolescent health, and so on.

**General medical practice:** Past injustices by the medical sector, including advocating for the end of current medical practices such as those based upon race corrective tools. The CPS may help paediatric health care providers understand what these race-based tools are, how they are currently used, and how they can be changed.

**Social determinants of health:** Systemic racism underlies disparities in social determinants of health that disproportionately affect individuals identifying as BIPOC. The CPS will continue its work through the First Nations, Inuit and Métis Health Committee, Social Paediatrics Section, Caring for Kids New to Canada Task Force, Newcomer Child Health Special Interest Group, Action Committee for Children and Teens (ACCT) and other working groups that advocate and support change for racialized children and youth.

**Gender variance and diversity:** Gender variance and diversity puts people at increased vulnerability and risk. The CPS may undertake work in gender diversity and inclusion through education, research, conference participation and advocacy when there is a clear intersection with paediatric health.

**Disability/differently-abled:** People who are born with access, mobility, cognitive, or other differences can be further disenfranchised when race intersects with ability. The CPS may create education or advocacy tools to help paediatric health professionals understand access and inclusion.