



Child and Youth Committee

1.0 Purpose

The Child & Youth Committee (CYC) is a standing committee that provides oversight to the child and youth portfolio of the network. The work of CYC is expected to be relevant to both community and hospital settings, and attuned to differences in urban, rural and remote parts of the region.

2.0 Scope & Deliverables

The Child and Youth Committee will:

- Support and advise the NMCN Steering Committee on regional gaps and planning recommendation for child and youth health services in Northern Ontario;
- Collate and disseminate evidence-based practice guidelines and standards to inform the delivery of equitable, high quality pediatric care;
- Develop, track and report on key child and youth indicators to promote quality improvement and accountability;
- Provide leadership to child and youth Sub-Committees/Task forces/Working groups;
- Receive regular reports from the Sub-Committees/Task forces/Working groups; and
- Identify and advocate for the health needs of the pediatric population in the North.

3.0 Sub-Committees and Ad-Hoc Working Groups

The CYC may establish working groups and asks forces with specialized expertise to focus on specific topics.

4.0 Guiding Principles

- Keep the patient/client/family at the centre of all we do;
- Ensure active involvement of members – we share responsibility to get the work done and thus are accountable to each other and our patients/clients/families/communities for the outcomes produced;
- Ensure respect and compassion;
- Create space for, and listen intently to, the diversity of voices and perspectives;
- Be transparent – we will share information (related to process and content) broadly and in a timely way;
- Engage in a meaningful and appropriate way with the many people who can enrich the work of the network;
- Ensure equity, inclusion, diversity, anti-racism and Indigenous cultural safety is incorporated in all aspects of the network; and



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- Representatives have a responsibility to solicit input from and report to the participating organizations they represent. Participating organizations and sectors need to have an informed voice at the table, even if they are not at the table.

5.0 Accountability

The CYC reports to the Steering Committee of the Northern Maternal Child Network. The CYC submits a child and youth health specific annual work plan to the Steering Committee for approval, and reports on its progress through quarterly and annual reports, in addition to any ad-hoc reports requested by the Steering Committee.

6.0 Decision-making Guidelines & Quorum

The CYC and its members are expected to make decisions that are in the best interests of the region, rather than the interests of any single organization or component of the system. All members share accountability for decisions and results. There will be open and direct communication based on honesty, respect, and transparency to ensure that all perspectives are heard.

Quorum is set at 50% + 1 of membership for decisions.

Decisions will be made by consensus if possible; if consensus is not achieved, then a majority-based decision will be made. If voting is required, members are entitled to one vote, which should include the opportunity for absentee members to provide input.

7.0 Length of Commitment

Members will serve a 1-year term on a voluntary basis with an option to renew.

8.0 Terms of Reference

The Terms of Reference for the CYC will be reviewed on an annual basis.

9.0 Meeting Frequency and Location

The CYC will meet monthly, or as determined by the Co-Chairs. Meetings will be held virtually to ensure broad and equitable access.



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10.0 Membership

The overall composition of the CYC reflects a balance of skills and perspective needed to achieve the defined Scope/Deliverables and support the mandate of the NMCN as it relates to child and youth health services (Appendix 1).

The CYC should be comprised of at least **fifteen (15) and not more than twenty-five (25)** voting members. Consideration of members include cross-geographical representation and the following perspectives/skills; public health, primary care, community health settings, hospitals, and diverse clinical disciplines.

The membership of the CYC shall include representation from the following categories, and where applicable, one member may provide representation for more than one category below:

Sector	Representation	Participant Count
Community Health Programs	Child and Youth Mental health provider	3-4
	Social worker	
	Administration	
	Children's Developmental/Rehabilitation	
Primary Care	Administration, System leaders	1-2
	Family physician/Nurse practitioner (primary care practice), Nurse practitioner (specialized pediatric clinic)	2-3
Public Health	HBHC, Early years programs	1-2
Hospital Administration / Leadership	Urban Hospital	2-3
	Rural/small Hospital	
Pediatric Medicine	Pediatrician	1-2
Acute/Intensive Care	NICU and pediatrics representation	0-1
Patient/Family Advisor	Individuals with lived experience in pediatric care	2
Role Specific Standing Members		
Ontario Health	NE and NW Pediatric Lead	2
Regional Critical Care Educator	Pediatric	0-1

The participation of alternates or designates is not permitted. The CYC may invite guests to participate in specific meetings.

All prospective candidates are required to submit the Expression of Interest Application for the Northern Maternal Child Network Committee. If the Steering Committee deems it necessary to obtain additional information from an applicant, they may request a copy of their curriculum vitae (CV). Applications are reviewed and approved by the Steering Committee. If the committee



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member leaves their role, their replacement must reapply to be part of the committee.
Exceptions are role specific standing members as outlined in the table above.

All NMCN employees participating on committees are deemed not voting members and do not count as an active seat on the committee.

11.0 Membership Attendance

Members are expected to attend at least 70% of scheduled meetings over the course of a year.

If a member is unable to attend, they should notify the Chair (s) in advance. The Chair (s) will meet with the member to clarify barriers, expectations, and whether continued membership is appropriate.

12.0 Chair

The CYC is led by two Co-Chairs, typically Northwest and Northeast representatives. Committee members will decide co-chairs. Co-chairs may be invited to Steering Committee meetings.

13.0 Resources

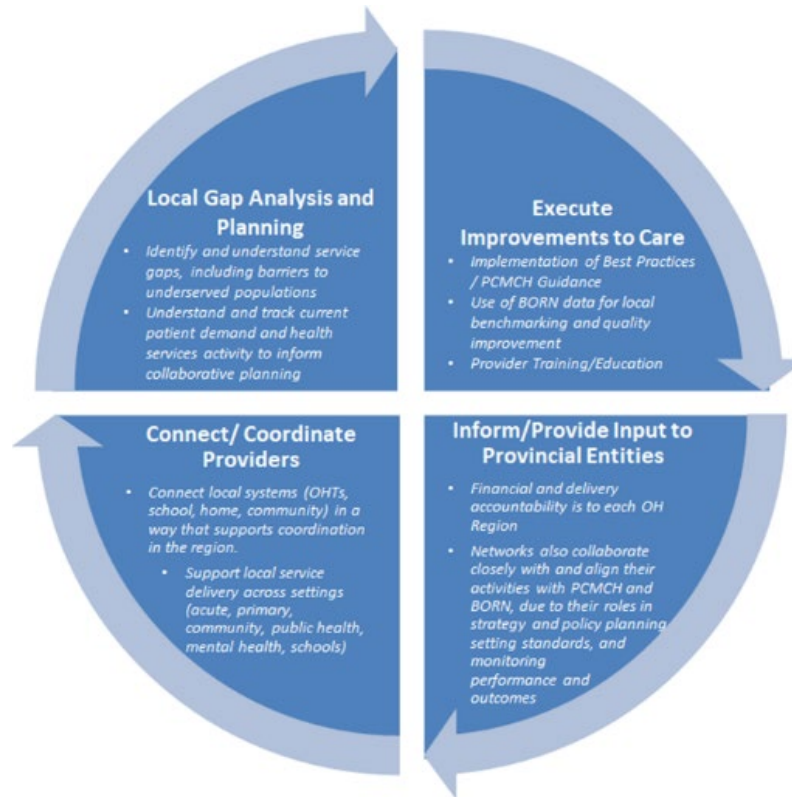
The NMCN Regional Manager will support the CYC. The Regional Manager is responsible for ensuring alignment and coordination across NMCN's standing committees.

Version date: November , 2025

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Appendix 1:



Ministry of Health (2021). Maternal/Newborn/Child Regional Networks. *Networks proposed core functions align with functions of the regional entities in the system proposal.* 3.