

TORONTO STAFF REPORT

July 4, 2001

To: Board of Health
From: Dr. Sheela V. Basrur, Medical Officer of Health
Subject: Response to the Jordan Heikamp Jury Inquest Recommendations

Purpose:

To respond to those recommendations from the Jordan Heikamp Coroner's Inquest that pertain to Toronto Public Health.

Financial Implications and Impact Statement:

There are no financial implications stemming directly from this report.

Recommendations:

It is recommended that:

- (1) Toronto Public Health advocate for additional provincial funding for additional staff to visit high-risk families and to provide staff training, outreach and targetted promotion of the Healthy Babies Healthy Children (HBHC) Program;
- (2) Toronto Public Health, in collaboration with the City's Shelter, Housing and Support Division and other key stakeholders, develop referral and service co-ordination protocols for shelters who serve homeless youth who are pregnant or parents with children under six;
- (3) the Board of Health forward this report to the Children and Youth Action Committee and to the Community Services Committee for information; and
- (4) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Jordan Desmond Heikamp died at 5 weeks of age from chronic starvation. He was born on May 19, 1997 to 19 year old Renee Heikamp. Renee left home at the age of 16 and spent time living in shelters in Toronto. Other than a few visits to emergency, Renee Heikamp did not receive regular prenatal care.

After the birth of Jordan, hospital nurses were concerned about Renee's lack of interest in visiting Jordan, who remained in hospital after her discharge. The Catholic Children's Aid Society (CCAS) was contacted and a social worker was assigned. Accommodation was arranged for Renee and her baby at Anduhyaun Shelter which is a shelter for abused women. During this time, Jordan was both bottle and breast fed. At no time did Jordan receive any medical follow-up.

On June 23, 1997 Jordan Desmond Heikamp was found dead by his mother. At the time of his death, he weighed only 4 lbs. 2 oz. Dr. John Watts, from the Coroner's Office, indicated that the weight loss was due to a lack of food and that the baby had been receiving 25% or less of his normal daily requirements for a period of up to 2 to 3 weeks before his death.

The Inquest held in response to the death of Jordan Desmond Heikamp took place between January 9 and April 11, 2001. Staff from Toronto Public Health provided expert testimony at the inquest.

The Board of Health at its April 10, 2001 meeting, requested the Medical Officer of Health to submit a report to the Board of Health on any service and/or program changes necessary to meet the recommendations of the Jordan Heikamp Coroner's Inquest.

The Coroner's Jury made 44 recommendations that are attached as Appendix A. Seventeen of the 44 recommendations have been directed to Toronto Public Health; however, not all of them actually pertain directly to TPH operations and jurisdiction. What follows is a discussion of the key themes and recommendations pertaining to Toronto Public Health.

Comments:

Overall, Toronto Public Health supports the broad directions contained within the jury's recommendations.

Homeless youth are generally at high-risk for having low birth weight babies and exhibiting poor parenting capacity. Their children are also at risk for poor developmental outcomes. Meeting the complex needs of this vulnerable population requires significant resources for specifically targetted strategies and extensive service co-ordination. One strategy used by Public Health to maximize resources is to work with community partners to collectively address the multiple needs of young parents and particularly those with no fixed address.

Working collaboratively with community partners maximizes the resources and extends the reach of agencies. An example of such a collaborative partnership in which Public Health is involved is “Young Parents: No Fixed Address” (YPNFA); an inter-agency committee that coordinates services for street-involved youth who are pregnant or have young children. Initiatives that this group has been involved in to address the needs of this population include: development of a parent relief service; establishing a pilot project around access to medical care; development of a comprehensive guide to community services, a housing project proposal, and a peer support initiative to increase attendance at medical or social service agency appointments. Toronto Public Health strongly supports the advocacy and service coordination efforts of this group in addressing the needs of this priority population.

Healthy Babies Healthy Children:

Recommendations 16, 30, 31, and 43 pertain to different aspects of the Healthy Babies Healthy Children (HBHC) Program.

The HBHC Program, which did not exist at the time of Jordan’s death, is a joint program of the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services. HBHC is a prevention and early intervention initiative for families with children (prenatal to age six) that is administered provincially through the Integrated Services for Children Division. Locally, HBHC is administered and delivered by Public Health Units. The goals of this program are to promote optimal child development and to facilitate the formation of an integrated system of services and supports for healthy child development.

The Postpartum Component of HBHC provides a continuum of care from the hospital to the community following the birth of a child. This component is available to all families and consists of a telephone call from a public health nurse within 48 hours of hospital discharge and an offer of a follow-up visit. During the initial postpartum home visit, information and resources are shared on infant and maternal health issues, breastfeeding support is provided, physical assessments are conducted as necessary, and linkages are made to appropriate community services. The public health nurse’s assessment may lead to the determination that the family might benefit from more intensive home visiting.

Recommendation 16 calls for increased provincial funding for mandatory home visits to high-risk mothers along with regular outreach to shelters serving women and youth. One of the fundamental principles of the HBHC Program is that it is voluntary; that is, families must agree to receive the service. For that reason, Toronto Public Health does not support mandatory home visits to mothers who receive a high risk score on the postpartum screening tool. However, Toronto Public Health does recognize that some families require further follow-up. As a result, hospitals have put processes in place to support families who receive a high risk score of 9 or more on the postpartum screening tool but refuse a referral to the HBHC Program. As well, Toronto Public Health has developed procedures for responding to referrals where a family has received a high-risk score on the hospital postpartum screening tool but has subsequently refused a telephone assessment or home visit or else cannot be reached. This involves a variety of strategies such as phone follow-up with the family and/or service providers, drop-in visits, and/or

leaving an information letter. If at any time there are infant health or safety concerns, the public health nurse will contact the Children's Aid Society.

Recommendation 30 states that mothers who receive a score of more than 25 on the screening tool should receive a home visit by a public health nurse even if a Children's Aid Society has been notified. As mentioned previously, a score of 9 or more with the hospital postpartum screening tool indicates risk. Since Toronto Public Health is required to contact all families referred from the hospital whether or not a report has been made to a Children's Aid Society, this recommendation is unnecessary.

There are two components to recommendation 31. The first part deals with public health nurses conducting home visits at least once a week. At the present time, public health nurses use the Family Assessment Instrument, a provincial assessment tool, to identify risks and strengths, in collaboration with the family, to determine the required frequency of home visits. Toronto Public Health supports the continued use of this tool which establishes visiting frequency according to need. Many high risk families would benefit from more intensive contact in the first few months after birth. However, this would require significant additional resources due to the complex needs of these families. The second part of the recommendation deals with the availability of weigh scales. The use of weigh scales by public health nurses as part of the infant assessment is not currently included in the HBHC requirements. A change to include weighing infants would have to be critically reviewed by Toronto Public Health and by the Province's Integrated Services for Children Division.

The HBHC Program is not currently funded to provide the level of outreach to shelters that would be required to meet the intent of the Heikamp recommendations. If a referral is made to the program, the public health nurse will go to the shelter and provide health education, routine assessments, and linkage and referrals through a home visit as noted in recommendation 43. However, more extensive outreach to shelters is required in order to increase awareness of services, facilitate referrals and coordinate services.

Breastfeeding:

Recommendation 29 states that funding should be provided to a variety of services including public health departments to hire lactation consultants, nurses, and/or midwives with sufficient funding for breastfeeding clinics available around the clock. Toronto Public Health employs public health nurses to provide breastfeeding support and assistance to mothers 7 days a week. Toronto Public Health has committed significant resources to assist public health nurses to maintain their knowledge and skills in the area of breastfeeding as this is a significant component of prenatal programs and postnatal telephone assessments and home visits. These initiatives include: the development of minimum standards of practice for breastfeeding; the development of breastfeeding protocols; and the provision of a breastfeeding training course to public health nurses. Toronto Public Health supports the need for the availability of other breastfeeding services in the community 24 hours a day, 7 days a week.

The parts of recommendation 39 that pertain to Toronto Public Health include the provision of breastfeeding and bottlefeeding information in the prenatal and postnatal period (including

hydration) and provision of a 24 hour telephone number for breastfeeding information and assistance. As part of its current programming Toronto Public Health does provide the above information and support to mothers through telephone counselling, home visits, groups, and written materials. As well, Toronto Public Health along with other health departments, is currently in discussion with Telehealth, a 24 hour provincially funded health information line, to align breastfeeding protocols and to ensure that women are being directed to contact their local health department for additional breastfeeding support. Whether this initiative would assist this population, however, is unclear.

Service Co-ordination and Service System Planning:

Toronto Public Health agrees with recommendation 18 that a protocol between Toronto Public Health and the City of Toronto Hostel Services be developed in collaboration with other key community stakeholders such as Young Parents: No Fixed Address. Such a protocol would incorporate into the Hostel Standards a requirement to immediately notify public health when a young pregnant woman without support is admitted. This would require informed consent. As well, Toronto Public Health believes that this recommendation should be strengthened to include homeless families with children up to and including the age of 6.

Toronto Public Health is currently in the process of developing such protocols with shelters to facilitate referrals to the HBHC Program for high risk pregnant women and families with children up to the age of 6. These protocols will include service co-ordination to ensure that families identified as being high risk are linked to the appropriate services and supports in the community and that communication exists between service providers. The latter must include a clear definition of roles and responsibilities.

In addition to service co-ordination at the individual level, HBHC also engages in service co-ordination at the community level through networks of service providers which include shelter staff. The aim of these groups is to plan and implement a system of co-ordinated and integrated early prevention and intervention services that meet the needs of the community. As well, Toronto Public Health will be participating in the development of a co-ordinated inter-departmental City response to the Jordan Heikamp Inquest recommendations.

Staff Training:

Toronto Public Health agrees with recommendation 4 that more funding be provided for ongoing education to the professional community on their duty to report child abuse and neglect. Toronto Public Health currently collaborates with child protection services in providing ongoing education to staff. Training regarding duty to report is part of the HBHC staff orientation.

As well, Toronto Public Health concurs that more comprehensive education and training on street and shelter culture is required for all staff in Children's Aid Societies, hospitals, shelters, and public health as stated in recommendation 8. The Invest In Kids Foundation (a non-profit agency which promotes healthy child development through research and education) recently began providing training to professionals who engage in home visits to high risk families, and a limited number of Toronto Public Health nurses have attended this training. As a minimum, this

training should be offered to all public health nurses working with this population. In order to achieve this, Toronto Public Health would require additional funding from the Integrated Services for Children Division. Toronto Public Health will also utilize its in-house expertise on street and shelter culture to provide training for non-nursing staff. Toronto Public Health also supports recommendation 27 and will ensure that family health staff who work with high risk pregnant and parenting teens receive a concise account of the facts surrounding the death of Jordan Heikamp.

Sexual Health Information and Services:

Toronto Public Health concurs with recommendation 22 that street kids and inner city youth need to be able to easily access information on birth control, pregnancy counselling, and other related topics. At the present time, Toronto Public Health utilizes a variety of strategies to promote access to sexual health information and services by this population. Toronto Public Health currently supports 12 sexual health clinics across the city that provide birth control, pregnancy testing, comprehensive counselling, STD diagnosis and testing, and HIV testing. To increase clinic service accessibility, some clinics have been relocated to high needs areas and clinic hours have been expanded. The sexual health clinics also promote their services and disseminate resources to a broad range of organizations who work with youth.

In addition to providing clinical services, Toronto Public Health funds, trains, supports and works closely with agencies that provide services to this population. Currently, Toronto Public Health is redesigning the sexual health promotion program. This process has identified street kids and inner city youth as a priority group for comprehensive services. As part of this redesign, Toronto Public Health is looking at ways to more effectively target sexual health programs and services to this population.

Promotion of Public Health Programs:

Recommendation 24 identified the need for public health services to be widely advertised to service providers who work with street youth and that the public health intake phone number be visible in locations frequented by street youth.

Toronto Public Health utilizes a wide range of strategies to increase access to its programs and services for at-risk pregnant and parenting teenagers. These strategies include but are not limited to: disseminating information and linking with service providers and organizations who work with this population (including shelters); displaying program materials in public places; using the media, and liaising with community sites. All of the materials that are distributed contain the Toronto Health Connection phone number (416-338-7600).

While Healthy Babies Healthy Children has been marketed broadly, Toronto Public Health recognizes that ongoing and targeted promotion is required for a city with as large and diverse a population as Toronto and to reach the population of young parents with no fixed address. Toronto Public Health will advocate with the Integrated Services for Children Division for more extensive promotion of the HBHC program.

In addition to HBHC, Toronto Public Health offers other services for high risk pregnant women. For example, Toronto Public Health's prenatal programs provide education, counselling, and referrals through the use of one-to-one and group-based strategies and the Healthiest Babies Possible Program provides nutrition counselling and food coupons. In addition, Toronto Public Health collaborates with community partners to deliver Canada Prenatal Nutrition Programs. However, recommendation 13 focuses specifically on the provision of prenatal services to women living in shelters. It should be noted that while Toronto Public Health offers high risk prenatal programs, the extent to which it meets the needs of this population is unclear. Recommendation 25 states that public health nurses along with others associated with shelters and drop-ins provide education and counselling regarding parenting, life skills, and nutrition. Some group-based parenting programs targeting high-risk families with children up to the age of five are provided in shelters by Toronto Public Health, but resources are insufficient to meet the needs, and service levels are inconsistent across the City. Toronto Public Health will need to explore the effectiveness and efficiency of recommendation 25.

Conclusions:

Toronto Public Health has a number of strategies already in place that address several of the recommendations identified by the Jordan Heikamp Coroner's Inquest. These include the provision of training on the duty to report, provision of Healthy Babies Healthy Children programming, development of protocols with shelters, collaboration with a 24 hour health information line, increasing access to sexual health information and services, and promotion of services to high risk populations. In addition, while not specifically cited in the Jury's recommendations, Toronto Public Health will continue to play a facilitation role with the Young Parents: No Fixed Address group which coordinates and promotes access to services for street involved youth who are pregnant or have young children.

In addition to these strategies, plans have been submitted to the Integrated Services for Children Division for the implementation of the prenatal component of HBHC. Early identification plans will be submitted in the spring of 2002. Both of these components will serve to further support pregnant women and families with children up to the age of 6 including high risk populations such as young mothers with no fixed address. There are, however, concerns regarding sufficiency of HBHC funds to deliver these components.

Dialogue with the provincial Integrated Services for Children Division is currently underway regarding the recommendations that relate to HBHC policies (e.g. use of weigh scales, frequency of visiting).

Finally, there are a number of recommendations, that while supported in principle, cannot be fully implemented without additional funding. These include extensive liaison with shelters and promotion of the HBHC program to professionals and the community at large.

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List of Attachments:

Appendix A: Jury Verdict and Recommendations
Inquest Touching the Death of Jordan Desmond Heikamp