Final Report on the City's Response to the Jordan Heikamp Inquest Recommendations

(City Council on May 21, 22 and 23, 2002, adopted this Clause, without amendment.)

The Community Services Committee recommends:

(i) the adoption of the report dated April 18, 2002, from the Acting Commissioner of Community and Neighbourhood Services; and

(ii) that, in the expansion of the Robertson House model into other shelters, the principle of allowing pregnant young women to stay in the same shelter before and after birth of their babies not be violated, unless in emergency situations.

The Community Services Committee reports, for the information of Council, having directed that the Acting Commissioner of Community and Neighbourhood Services be requested to report to the Community Services Committee on:

(i) the establishment of various recommended service protocols or agreements and their implementation; and

(ii) the feasibility of establishing supportive affordable housing units for homeless pregnant youth (Jordan Village); and further be requested to work co-operatively with the Young Parents of No Fixed Address Group in this regard.

The Community Services Committee submits the following report (April 18, 2002) from the Acting Commissioner of Community and Neighbourhood Services:

Purpose:

To summarize the City's response to the recommendations of the Coroner's Inquest into the death of Jordan Heikamp and to make recommendations for further action.

Financial Implications and Impact Statement:

The costs associated with the City activities identified in this report are included in the 2002 Budget. The Chief Financial Officer and Treasurer has reviewed this report and concurs with the financial impact statement.
Recommendations:

It is recommended that:

(1) this report be forwarded to the Office of the Chief Coroner;

(2) the City of Toronto recommend that the Province allocate funding to all Children’s Aid Societies to enable them to provide prenatal support to high-risk pregnant women thereby strengthening the network of services available to this population;

(3) the City of Toronto recommend that the Province provide funding for ongoing training for shelter workers and other service providers to enable them to work more effectively with vulnerable populations such as high-risk pregnant or parenting women;

(4) the City of Toronto include high-risk pregnant and parenting young women as one priority group for new affordable housing initiatives; and

(5) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Renee Heikamp found her five-week-old son Jordan dead in his room on June 23, 1997. At the time, they were staying at Andyhuan, a shelter for abused women and their children. In early 2001, a Coroner’s Inquest held in response to Jordan’s death concluded that he had died of chronic starvation. The Jury made 44 recommendations directed at several institutions and governments, including the City of Toronto. A list of City related recommendations can be found in Appendix A of this staff report.

In July 2001, Toronto Public Health reported to the Board of Health on service and program changes required to implement the inquest recommendations directed at Public Health. In addition, a staff team from Community and Neighbourhood Services, with representatives from Social Development and Administration, Shelter, Housing and Support, Children’s Services and Public Health, was convened to develop an overall, co-ordinated response to the recommendations. In November 2001, the Acting Commissioner of Community and Neighbourhood Services submitted an interim report on the progress of this response that also identified preliminary recommendations and implications for the 2002 budget process.

The inquest into Jordan’s death occurred almost three years after he died. Service providers were deeply concerned about the issues raised by his death and many took immediate action. A summary of service improvements or additions for high-risk young mothers related to Public Health and emergency shelters is included in the appendix of the November interim report from the Acting Commissioner of Community and Neighbourhood Services.
The current staff report provides the final, consolidated response to the Coroner’s Jury recommendations directed at the City of Toronto and makes recommendations for future action. A copy of this report has also been forwarded to the Board of Health for consideration.

Comments:

Jordan Heikamp was staying in an abused women’s shelter with his mother when he died. These shelters are funded and managed by the Province. However, the issues raised in the inquest into his death are relevant to all service providers who work with high-risk pregnant or parenting mothers. This includes services operated or managed by the City including emergency shelters and public health programs. Anecdotal information reveals an increase in the number of young, pregnant women staying in Toronto’s emergency shelters. Hostel Services conducted snapshot surveys in October 2001 to get an estimate of the number of pregnant women. Included in this survey were youth and single women’s shelters. The survey found 46 pregnant women of which 33 were in youth shelters. Most of these young women were under the age of 20 and had addiction issues.

The Coroner’s Jury seemed unclear about the distinction between the emergency shelter system in Toronto and the Violence Against Women (VAW) shelter system in terms of respective mandates and function. As of 1998, all VAW shelters in Ontario were uploaded to the Province, which in turn became the service manager for this part of the system. The City of Toronto is the service system manager for emergency shelters for people who are homeless.

It is also important to note that the Public Health’s Healthy Babies, Healthy Children program did not exist at the time of Jordan Heikamp’s death. This voluntary program began in the fall of 1998 and provides families with a continuum of care from the hospital to the community following the birth of a child. This service is available to all families and consists of a telephone call from a public health nurse within 48 hours of hospital discharge and a follow-up home visit. The Public Health Nurse’s assessment may determine that the family would benefit from more intensive home visiting by a Public Health Nurse and/or a Family Home Visitor.

The recommendations of the Coroner’s Inquest into Jordan’s death reflect the need for a range of service providers, including the City, to work more collaboratively to ensure that wherever a pregnant or parenting young woman enters the service system there is a continuity of services and supports in place. The recommendations directed at the City of Toronto focus on Public Health and Hostel Services. Key areas addressed include case management, discharge protocols, service agreements and transfer policies, staff training and education, programs and services, shelter expansion, and public education.

The City’s response to the inquest recommendations has been developed from the perspective of the City as a service manager for public health and emergency shelters. The overall approach has been to work collaboratively with other service providers in recognition of the critical need for improved service co-ordination and planning. The following sections of this staff report outline action taken by City staff in response to the inquest recommendations, organized according to the key theme areas.
Discharge Planning:

Recommendations by the Coroner’s Jury related to discharge planning focused on improving hospital discharge practices to ensure appropriate and timely follow up for high-risk mothers leaving hospitals as well as how Healthy, Babies Healthy Children postpartum screening tool implementation could be improved.

(a) Improvements to Discharge Planning:

Toronto Public Health provides Early Postpartum Discharge “Contracting In” services to five community hospitals who have requested more intensive services than provided through the Healthy Babies, Healthy Children program to support mothers who are discharged from hospital earlier than 48 hours.

Special discharge protocols are being developed to co-ordinate support with specific programs. For example, a discharge and service co-ordination policy between Healthy Babies, Healthy Children and the St. Joseph’s Health Centre Addiction in Pregnancy team is currently being developed. Public Health is also working with St. Michael’s Hospital and the Young Parents No Fixed Address Group on a pilot project to review all points of entry for service to pregnant and parenting women and establish protocols for pathways of service and follow-up (Young Parents No Fixed Address Group includes representatives from Toronto Public Health and 20 community-based service providers working with young, homeless parents and works to identify and develop responses to issues related to this population.)

(b) Postpartum Screening Tool:

The Healthy Babies, Healthy Children program is initiated by the receipt of a Parkyn Postpartum Screen from the hospital. While provincial legislation regarding privacy of personal information legislation makes it impossible to implement the Inquest recommendation for hospitals to transmit all post partum screens regardless of parent consent, Toronto Public Health is working with hospitals to improve transmission of the Parkyn postpartum screening tool. This has included ongoing training of hospital staff on how to complete the screening tool, screening tool tracking and follow-up with individual hospitals and pilot testing electronic transmission of the tool (instead of the current method of faxing them).

Service Agreements and Transfer Policies:

There are several inquest recommendations related to improving service protocols or agreements between service providers in order to clarify respective roles and responsibilities and to improve communication. It became clear during the inquest into Jordan’s death that this was an issue between shelter staff and the Children’s Aid worker in the shelter where Jordan and Renee Heikamp were staying.
(a) Service Protocol between Emergency Shelters and Violence Against Women Shelters:

There are currently five directly operated and over 55 community-based shelters within the emergency shelter system in Toronto. In addition, there are 12 Violence Against Women shelters that are 100 percent provincially funded. In order to enhance overall co-ordination between both of these shelter systems, staff in the Shelter, Housing and Support Division are pursuing the development of a shelter protocol. Preliminary discussions with representatives from the VAW shelter system have been positive and the sector has expressed interest in participating in a protocol development process. The protocol will focus on referrals and transfers between shelters, and the sharing of information between shelter providers. City staff are in the process of establishing a work group to implement this initiative.

(b) Service Protocol between Toronto Public Health and Shelters:

To further support continuity and co-ordination of services, Public Health is in the process of negotiating service protocols with the emergency shelter system and the abused women’s shelter system in Toronto. The purpose of these protocols is to facilitate referrals to the Healthy Babies, Healthy Children program for high-risk pregnant women and families with children up to the age of six. These protocols will address issues related to service co-ordination to ensure that families identified as high-risk are linked to the appropriate supports and services in the community and that communication is effective between service providers. This will include a clear definition of roles and responsibilities.

(c) Service Protocol between Toronto Public Health and Children’s Aid Societies:

In 1998, as part of the implementation of the Healthy Babies, Healthy Children program, service protocols between Toronto Public Health and the three Children’s Aid Societies were established. During the fall 2001, Public Health staff in the Healthy Babies, Healthy Children program worked with all three Children’s Aid Societies (Children’s Aid Society of Toronto, Catholic Children’s Aid Society and Jewish Child and Family Services) to revise the existing service protocol with specific attention to strengthening and clarifying case management roles and improving communication practices.

Provincial legislation related to consent to treatment makes it impossible to fully implement the Inquest recommendation requiring a home visit to mothers who score over 25 on the Parkyn postpartum screening tool. All mothers, regardless of their Parkyn score, must consent to service from Toronto Public Health. Consequently, when revising the protocol, specific attention was paid to addressing the issue of Parkyns that identify that a family is already known to a Children’s Aid Society. In these cases, in order to co-ordinate service delivery, the protocol requires that the Public Health Nurse consult with the Children’s Aid Society worker prior to initiating contact with the family. However, if the Public Health Nurse is unable to reach the Children’s Aid Society worker within the 48-hour response time, the Public Health Nurse will proceed to contact the family and follow-up with the Children’s Aid Society afterwards.
(d) Service Agreement Between Emergency Shelters and Children’s Aid Societies:

Although not a specific recommendation of the Coroner’s Jury, City staff initiated the development of a service agreement between City funded and managed emergency shelters and the three Children’s Aid Societies. A service agreement has been drafted that outlines key principles and practice guidelines aimed at improving service co-ordination, case co-ordination and communication as a means of ensuring an integrated system of support for high-risk mothers and their children in Toronto’s emergency shelter system. Once the service agreement is finalized, cross-sectoral training for shelter and child welfare staff will be organized.

A key issue identified through the work of this group is the absence of provincial funding for Children’s Aid Societies to provide pre-natal support for high-risk pregnant women. Currently, they are only funded to provide service once a child is born. It is clear that many high-risk pregnant women, such as Renee Heikamp, would benefit from the support of child welfare agencies prior to the birth of a child to ensure that a continuum of supports is in place. It is therefore recommended that the City of Toronto recommend that the Province allocate funding to all Children’s Aid Societies to enable them to provide prenatal support to high-risk pregnant women thereby strengthening the network of services available to this population.

Case Management:

The Coroner’s Jury made a number of recommendations aimed at improving case management services for high-risk women. Those directed at the City focused on strategies to improve service co-ordination and information sharing among service providers as well as adopting a more proactive service approach with high-risk mothers to ensure that they are getting the necessary level of support. The Jury also recommends a better integration of services, such as public health, into the emergency shelter system, where appropriate.

(a) Clarifying Case Management Roles Through Service Protocols:

As discussed in the previous section, City staff are working with a number of service providers to improve or develop service protocols or agreements. Clear service agreements are an effective tool to strengthen and clarify case management responsibilities, where appropriate. In the case of a woman who is a client of the Children’s Aid Society, this role lies with the CAS. However, other service providers still have a role to play in ensuring that the woman is getting the necessary supports and services and that information is shared between service providers, as appropriate, to ensure a continuity of service.

(b) Revision of Hostel Standards:

The Hostel Standards Review Project began in July 2001 to revise the current Hostel Standards and to develop new areas for standards including case management, client rights and responsibilities, complaints procedures, harm reduction, and service restrictions. An interdepartmental staff team is overseeing the development of the revised standards. The group has representatives from Shelter, Housing and Support, Social Development and Administration as well as Public Health and Children’s Services which bring specific expertise related to services for children, health and safety, food and nutrition, communicable disease and harm reduction. A Reference Group of community stakeholders is also providing input into this process.
The Heikamp Inquest recommendations were reviewed within the context of the Hostel Standards Review and recommendations will be integrated where appropriate. Specifically, City staff are developing enhancements in the areas of admission and discharge policies, case management, food and nutrition standards, and staff training. The revised Hostel Standards will be submitted to the Community Services Committee in June 2002.

Programs and Services:

The inquest recommendations specifically related to programs and services focused mainly on the Healthy Babies, Healthy Children program. The Jury recommended an increased outreach role in shelters and increased funding for the provision of lactation consultants and breastfeeding clinics in hospitals and public health departments.

(a) Increased Prenatal Supports and Services:

Toronto Public Health has now implemented the prenatal component of the Healthy Babies, Healthy Children program in co-ordination with Healthiest Babies Possible program. This program will provide individual nutrition, Public Health Nurse and peer support, vitamin supplements and food coupons to high-risk pregnant women.

Funding received through the Child and Youth Action Committee’s 2000 Action Plan and annualized in the 2001 budget has allowed Toronto Public Health to provide Public Health Nurse and Dietician services at all Canada Prenatal Nutrition Program sites. These programs provide support to at-risk and high-risk pregnant, postpartum, and early parenting women throughout the City.

This year, Public Health received funding from Ministry of Health and Long-Term Care (under federal Early Child Development fund) for a high-risk homeless or under-housed pregnant and parenting women project. This funding will allow Public Health to hire one Public Health Nurse (in addition to one PHN from the Family Health Program) to be exclusively dedicated to work with shelters to develop a co-ordinated and comprehensive system of care that will provide prenatal and postpartum support to homeless and under-housed women.

Staff in Public Health developed a proposal for the Ministry of Health and Long-Term Care Prenatal and Postnatal Nurse Practitioner Services project (under the federal Early Child Development fund) to hire a Nurse Practitioner to provide prenatal and early parenting support to women in shelters. Unfortunately, this project was not approved for funding.

Public Health has also collaborated with the Children’s Aid Society of Toronto and the Catholic Children’s Aid Society to develop an Early Years Challenge Fund proposal for a prenatal assessment and support services project targeting women who do not tend to access traditional prenatal services. The focus is on identifying risk factors that may impact on the development of a child or on capacity to parent. Final funding decisions have not been made.
(b) Postpartum and Breastfeeding Support Initiatives:

The Healthy Babies, Healthy Children program is funded to provide each family with one postpartum home visit. During this home visit, information and resources are shared with the family on infant and maternal health issues and adjustment to parenting, support is provided regarding breastfeeding and infant feeding, and referrals are made to appropriate community services. In accordance with provincial program guidelines, physical examinations (including weight checks) are not part of this home visit. However, the Public Health Nurse will assess the baby’s level of hydration at the time of the visit, in relation to the breastfeeding/infant feeding support that is being provided. Families are referred to their family physician and/or local community health centre for regular medical assessment and follow-up.

Toronto Public Health has collaborated with Telehealth Ontario regarding their use of Public Health breastfeeding protocols in order to provide women with telephone breastfeeding support 24 hours a day, 7 days per week. In addition, Public Health, in partnership with community hospitals, is conducting a review of weekend breastfeeding support services.

(c) Related Public Health Initiatives:

Public Health has received funding from the Ministry of Health and Long-Term Care (under the Early Child Development fund) for three other initiatives: injury and family abuse prevention, healthy pregnancy and child development promotion, and a prenatal and child health survey. Although not specifically targeting homeless women, it is anticipated that this initiative will include assessing, planning and responding to the needs of high-risk women.

Public Health is also partnering with a group of community agencies, led by the Jean Tweed Treatment Centre, on an Addictions Program Demonstration Project (funded under the federal Early Child Development fund) to increase the capacity of the addiction services system to work with pregnant and parenting women and their young children who have substance abuse problems, focusing on outreach, early identification and provision or support.

Finally, staff of Toronto Public Health participate on the Steering Committee of the Young Parents No. Fixed Address Group for the development and implementation of a Parent Relief Program that provides much needed support for high-risk mothers.

Shelters and Housing:

The Coroner’s Inquest into the death of Jordan Heikamp highlighted the value of the Robertson House program for high-risk pregnant women, which began in the fall of 1998. The Jury recommended opening another shelter like the City’s Robertson House shelter for women and children to increase the availability of this type of program.

(a) Expanding Support for High-Risk Mothers in Toronto Shelters:

In the November 2001 “Interim Report on the City’s Response to the Jordan Heikamp Inquest Recommendations”, Council approved, in principle, a recommendation to expand the Robertson House program model for high-risk homeless women to four other Toronto shelters. Enhancing
the existing capacity in the shelter system was recommended as a more timely and cost-effective option to increase the shelter capacity for this group. A full business plan for this enhanced program was included in the Shelter, Housing and Support Division’s 2002 Operating Budget submission, which was approved by Council in March 2002.

The expanded program model will be part of a co-ordinated approach to service provision for high-risk pregnant women and is comprised of the following components:

1. four high-support outreach workers to reach young women on the street and drop-in centres. The workers will provide support, information, referrals and case management services;
2. implementation of the Robertson House model into four other shelters (one family shelter, one single women’s shelter and two youth shelters);
3. specialized nutrition programs at designated shelters;
4. enhanced, mandatory training for core staff; and
5. designation of an appropriate service to co-ordinate the expanded program model and supervise outreach staff.

Hostel Services is setting up a Reference Group with relevant stakeholders and community partners to assist with the development of an implementation plan. A Request for Proposals will be released in the near future to determine the appropriate shelters for the program expansion. A formal evaluation of the program will be conducted after one year to assess the effectiveness of this expanded service.

(b) Violence Against Women Shelters:

Based on a recommendation in the “Interim Report on the City’s Response to the Jordan Heikamp Inquest,” the City asked the Province to provide additional funding to increase the number of beds in the VAW shelter system to ensure that women fleeing violence have access to the specialized programs available in these shelters. To date, no new funding has been announced.

(c) Young Parent Resource Centres:

Based on a recommendation in the “Interim Report on the City’s Response to the Jordan Heikamp Inquest,” the City asked the Province to increase funding to add more beds in Young Parent Resource Centres. Young Parent Resource Centres (formally known as maternity homes) provide residential and program support to young pregnant women. To date no new funds have been announced.
(d) Alternative Housing Options:

Over the last year, staff in Toronto Public Health have worked with the Young Parents With No Fixed Address Group on a number of initiatives aimed at developing alternative housing options for high-risk pregnant and parenting youth. The group has reviewed and advocated for the needs of pregnant and parenting homeless and street-involved youth based on a continuum of housing options. The group has developed a model of housing with services designed specifically for pregnant and parenting homeless and street-involved youth. Following from this work the group developed two funding proposals for a shelter/housing project called “Jordan’s Village.” To date the group has yet to secure funding for this initiative.

The work of this community-based group highlights the need for a spectrum of services and supports to be in place to assist high-risk parents like Renee Heikamp including transitional, supportive and affordable rental housing.

The City has allocated funding through the federal Supporting Communities Partnership Initiative for transitional housing projects targeted to young, homeless families. This includes: five transitional housing units for high-risk homeless youth with new-borns for up to six months following the birth; 12 transitional housing units for mother-led single parents, including youth, through Woodgreen Services; and 32 housing units for young homeless families through a Youth Clinical Services transitional housing initiative.

Since demand for transitional and affordable housing from this population with continue, it is recommended that the City include high-risk pregnant and parenting young women as one priority group for new affordable housing initiatives.

Staff Training and Education:

The Coroner’s Jury made a number of recommendations related to improving training for service providers that work with high-risk pregnant and parenting young women. In particular, the Ministry of Community and Social Services was directed to provide funding for professional education on the Duty to Report as well as on issues related to high-risk groups such as young, pregnant women.

(a) Training for Shelter Workers:

The Hostel Training Centre has made a number of changes to its curriculum, in part motivated by the inquest recommendations. The Centre has offered courses on the legal responsibility and best practices when reporting suspected child abuse as well as a range of counselling programs. The Centre now offers programs in Promoting Positive Parent-Child Attachment, Working with Families in a Shelter Setting, Child Safety, Injury Prevention, First Aid and CPR, and Behaviour Management. The Centre is also developing a Children’s Issues Training Certificate to be ready in the fall of this year.
The costs associated with training courses such as those offered through the Hostel Training Centre can be prohibitive for some community-based agencies. It is not only the cost of the course that is a challenge but also costs associated with the replacement staff needed to cover the time that the staff person is receiving the training.

In order to ensure that shelter workers and other service providers can take advantage of professional development training such as that offered by the Hostel Training Centre, it is therefore recommended that the City of Toronto recommend that the Province provide funding for ongoing training for shelter workers and other service providers to enable them to work more effectively with vulnerable populations such as high-risk pregnant or parenting women.

In addition to the training available through the Hostel Training Centre, it should be noted that Mental Health Nurses in Toronto Public Health also provide shelter staff with training in the areas of brief solution strategy, violence prevention and early parent-infant attachment.

(b) Duty to Report Training:

Toronto Public Health currently collaborates with the Children’s Aid Societies to provide ongoing education to both public health and CAS staff on the Duty to Report. This training is also provided as part of the Healthy Babies, Healthy Children staff orientation.

Public Education:

The inquest into Jordan Heikamp’s death also concluded that more information needs to be targeted to youth on birth control, pregnancy, counselling, etc. They also stressed the need for Public Health to make their services highly visible and available to vulnerable youth.

Toronto Public Health utilizes a variety of strategies to promote access to sexual health information and services by youth. This includes 12 sexual health clinics across the City that provide birth control, pregnancy testing, comprehensive counselling, STD diagnosis and testing, and HIV testing. Public Health has also redesigned the sexual health promotion program. As part of this redesign, TPH is looking at ways to more effectively target sexual health programs and services to street youth and inner city youth.

Numerous strategies are used to increase access to public health programs and services for high-risk pregnant and parenting teenagers. These include disseminating information and linking with service providers who work with this population (including shelters); displaying program materials in public places; using the media, and liaising with community sites. All materials distributed contain the Toronto Health Connection telephone number (416-338-7600).

In addition, Healthy Babies, Healthy Children, the Early Years Project and Invest in Kids have partnered to launch the Early Years media campaign, “Comfort, Play, Teach”, to increase awareness of parents and caregivers of the importance of the early years in a child’s life.
Conclusions:
The City of Toronto should support the recommendations of the Coroner’s Inquest into the death of Jordan Heikamp. The findings of the Jury reflect the need for a range of service providers, including the City, to work more collaboratively to ensure that wherever a pregnant or parenting young woman enters the service system there is a continuity of services and supports in place.

The inquest recommendations directed at the City of Toronto focus on public health and emergency shelter services. The City’s response, outlined in this report, was developed from the perspective of the City as a service manager for these services. The overall approach has been to work collaboratively with other service providers in recognition of the critical need for improved service co-ordination and planning. Key areas in which the City has taken action include case management, discharge protocols, service agreements and transfer policies, staff training and education, programs and services, shelter and housing development, and public education.

The work outlined in this staff report represent actions taken to date. City staff will continue to work with other service providers to improve planning and co-ordination related to supports and services for high-risk pregnant and parenting women.

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List of Attachments:
Appendix A: Summary of Jordan Heikamp Inquest recommendations directed at the City of Toronto

Appendix A

Recommendations of the Jordan Heikamp Inquest Relevant to the City of Toronto

Recommendations Related to Case Management:

# 6 That meetings with clients, when possible, should take place in their own surroundings. (home, shelters etc.)

# 7 That all child protection workers should be cautioned that some young people, who reside or have resided in shelters, have become adept at lying and manipulating. The caseworker should confirm the accuracy of information received from the caregiver whose parenting skills are being investigated and assessed, even if the caregiver presents well and there is no apparent reason to doubt him or her.
#18 That the City of Toronto Hostel Services develop a protocol to be incorporated into Hostel Standards for shelters that require immediate notification to the Public Health Department of the admission of a young pregnant woman without support to a shelter.

#19 That the City of Toronto Hostel Services work with each youth and family shelter to ensure that they include consent forms to be signed by the client, in particular, youth at intake. This enables the sharing of information between shelters and the tracking of young pregnant women in the shelter system.

#21 That shelter staff should not wait for clients to ask for help, because you cannot make them ask (they may not see the need). Help should be offered and it should be up to the staff to evaluate whether help is needed. Assess the situation on a regular basis.

#25 That ongoing education and counselling including parenting, life-skills and nutrition should be available in family shelters and at drop-ins, delivered by public health nurses and others associated with these facilities.

Recommendations Related to Programs and Supports:

#16 That the Ministry of Health increase funding to the Public Health Departments and “Healthy Babies, Healthy Children” programs to provide mandatory home visits to mothers who receive a “high risk” score on the Healthy Babies, Healthy Children screening tools and to provide outreach on a regular basis to Youth Shelters and Women’s Shelters to ensure provision of:

(a) health education;

(b) routine health assessment, and feeding and care of baby; and

(c) effective linkages and referral with other medical professions.

#28 That in addition to adequate nursing staff on hospital obstetrical units and nurseries, hospitals should be encouraged to have a designated lactation consultant on staff.

#29 That funding should be provided to clinics, hospitals and public health departments for the hiring of lactation consultants, nurses and/or midwives. Funding should be sufficiently allocated to ensure that 24-hour breastfeeding clinics are available.

#40 That the “Healthy Babies; Healthy Children” Postpartum screening tool should be completed and forwarded to Public Health for all children regardless of consent. Sufficient funding should be allocated to the “Healthy Babies; Health Children” program to allow the implementation of the entire program’s phases.

#42 That programs like “Healthy Connections-Community Programs” which reach out to various communities within Toronto by medical practitioners continue to be recognized and supported by all levels of government.
# 43 That the Public Health Departments and “Healthy Babies, Healthy Children” programs should provide outreach on a regular basis to Youth Shelters and Women’s and Family Shelters which provide residential services to women and children to ensure provision of:

(a) health education;

(b) routine health assessment; and

(c) effective linkages and referral with other medical professions.

Recommendations Related to Service Agreements:

#26 The Child and Family Services Act should be amended to include a new provision in Part III (Child Protection) that authorizes child protection agencies to have access to a person’s information and records, without the need for that person’s consent or a court order, in the following circumstances:

(a) if the information is believed to be necessary to investigate allegations that a child is or may be in need of protection;

(b) for the purpose of a proceeding or possible proceeding under Part III (Child Protection) of the Child and Family Services Act; and

(c) if the information is necessary for monitoring court orders.

# 27 That all persons working in shelters where new-borns sometime stay should receive a concise overview of the facts surrounding the death of Jordan Heikamp. This statement should emphasize the importance of:

(a) exercising caution in relying on the word of a child’s caregiver; and

(b) ensuring that, when a child protection worker is involved, the shelter workers and the child protection worker have a clear, detailed understanding of exactly what each will be doing and not doing in relation to a vulnerable child who is living in a shelter. A written statement of this mutual understanding should normally be prepared.

The Ministry of Community and Social Services license shelters that provide staffed residential services to women and children. The licensing requirements will address standards of service, appropriate staffing levels and other issues, which contribute to the safety of the residents including:

(a) pregnant youth residing in shelters will be expected to participate in appropriate pre-natal programs and care;
(b) youth shelters and shelters for women and children will be expected to develop a service agreement with a consistent medical practitioner in their local community;

(c) shelters providing care to children and their parents must consider the child as an individual client, including a plan for services required to meet the child’s needs;

(d) regular observation and assessment should be made regarding both adult and child residents of shelters; and

(e) all shelters that provide residential services to mothers with infants require verification of routine medical visits for the infant up to 12 months of age.

# 30 That mothers whose “Healthy Babies, Healthy Children” screening tool score exceeds, for example, 25 should receive a home visit from a Public Health Nurse. This should occur even if a CAS has been notified about the child’s situation.

# 31 That the Public Health Nurse must visit at least once a week. Equipment must be available, such as a weigh scale etc. The Public Health Nurse should check infants less than four (4) months old (physical check-ups, weighing etc.)

Recommendations Related to Staff Training:

# 4 That the Ministry of Community and Social Services provide funding for the human resources required to undertake ongoing education to the professional community on Duty to Report.

# 8 That the Ministry of Community and Social Services and the Ministry of Health and Long-Term Care ensure that a full and comprehensive education and training program in the Street and Shelter culture be established that addresses the needs of vulnerable children and youth and that it be for all CASs, Hospitals, Shelter and Public Health Employees. Funding such a program be provided for by both Ministries.

# 39 That any mother discharged from hospital intending to breastfeed, but where the feeding has not been established, are seen within 24-48 hours by a lactation consultant. Also that signs of infant hydration and successful breastfeeding be taught in the pre and post-natal periods, along with the proper hygiene care of breasts. The appointment for the lactation consultant be included in the standardized discharge summary and where appropriate, the same verification system as for doctors visits be in place:

(a) information regarding breast or bottle feeding difficulties, and how to recognize when feeding is going well and signs of distress;

(b) 24-hour availability of hospital nursery nurses; and

(c) 24-hour telephone number for breastfeeding information and assistance.
# 41 That all shelter workers should be precise in describing to outside agencies the services that their shelter can provide. In particular, if a shelter employs persons who have nursing experience but did not employ those persons to deliver nursing services, then the shelter workers must be sure not to say anything which might create the mistaken impression that the shelter offers nursing services.

Recommendations Related to Shelter Worker Education:

# 15 That the Ministry of Community and Social Services in conjunction with Ontario Hostel Association (OAH), Ontario Association of Interval and Transition Housing (OAITH), the Hostel Services of Toronto, the Hostel Training Centre and the Canadian Union of Public Employees (CUPE) develop and establish policies and standards for the education of shelter workers in the Province that will include but not be limited to:

(a) dedicated funding for education training and back fill costs;

(b) designated and dedicated number of days per year for each employee to devote to training;

(c) pre-workload training period for new employees;

(d) components dealing with documentation;

(e) components dealing with interview skills and verification of information;

(f) components dealing with Models of Care and Plan of Action;

(g) components dealing with Failure to Thrive; and

(h) components dealing with the Child and Family Services Act.

# 23 That many graduates from the Assaulted Women’s and Children’s Counsellor/Advocate Program become front line workers in homeless shelters within the Toronto area. Many of their students’ field placements are in these shelters. It is critical that this program provides more training and education in the area of child development and parenting techniques.

Recommendations Related to Transfer Policies:

# 20 That if arrangements have been made for a pregnant teenager to check into a maternity home on a specific date, a care worker should accompany her.

Recommendations Related to Discharge Protocols:

# 37 That when hospital staff make a referral to a Children’s Aid Society regarding a child, the hospital will automatically involve the Hospital Social Worker. The social worker will remain involved with the nursing staff to resolve problems as they arise in the hospital along with:
(a) act as a liaison between hospitals, family and the Children’s Aid Society, to share and provide information as required and/or permitted by law;

(b) assist in any required follow-up intervention when appropriate; and

(c) will remain involved with the family care while the baby and/or mother remain in the hospital, even when a referral has been made to a Child Welfare Agency.

In situations where there is no Hospital Social Worker one person should be assigned to discharge the facilitative role.

Recommendations Related to Facilities Development:

#17 That the Ministry of Community and Social Services and the City of Toronto should look into the feasibility of opening another shelter like Robertson House with similar services and programs. We suggest this shelter be called “Jordan’s House.”

Recommendations Related to Public Education:

#22 That information on birth control, pregnancy, counselling and other health related topics should be easy to access at youth serving agencies and appropriate for this population. Use of other sites where street youth may gather should be used (in malls, bus stations, etc.) for outreach and information dissemination.

#24 That Public Health’s services for high-risk mothers be widely advertised to doctors, shelter workers and street workers who have a support relationship with street youth. The Public Health intake telephone number (416-338-7600) should be on display in locations that are frequented by homeless youth.

The following persons appeared before the Community Services Committee in connection with the foregoing matter:

- Ms. Paula Madden, Young Parents No Fixed Address Group, and submitted a brief in regard thereto;
- Ms. Carol Howes, Covenant House;
- Ms. Julie Maher, Yonge Street Mission, Evergreen Centre for Street Youth;
- Ms. Susan Miner, Director, Street Outreach Services and Loft Community Services;
- Ms. Holly Kramer, President, Parent Finders Incorporated, and submitted a brief in regard thereto;
- Ms. Judy Goldie, YWCA; and
- Ms. Gail Yardy, St. Michael’s Hospital, and submitted a brief in regard thereto.