Thunder Bay Infant Response Plan

To protect children from birth to 3 years of age living in high risk environments through providing supports to families.

Updated: October 1, 2015

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The Children's Aid Society
of the District of Thunder Bay

Dilico
Anishinabek Family Care

Introduction

Thunder Bay has experienced deaths in the past; the children were under a year of age and had contact with The Children's Aid Society of the District of Thunder Bay (CAS). The Paediatric Death Review Committee and the CAS have reviewed these situations and determined that a more coordinated community response could have provided improved and potentially preventative supports to these families. As a result, the community and agencies have come together and developed this plan. This plan is specifically used for children at the highest risk in our community. The normal inter-agency collaborative process is used in other situations.

Background

The Children's Aid Society involved community agencies in the process to develop a community-based plan to address issues which affect infants and their families at high risk. These issues were known within many of these agencies and they were open to a collaborative model in assisting infants and their families in a holistic manner. Some of the community agencies had pre-existing protocols which will work hand in hand with this plan. Community partners came together, meeting monthly (June – Dec 2008) to discuss and establish the goals and guiding principles, definition of high risk, identify risk factors of high risk, the method of implementing and the process of the Infant Response Plan. The Infant Response Plan (IRP) was developed as a collaborative effort with the assistance of the following organizations:

- Children's Aid Society of the District of Thunder Bay
- Children's Centre Thunder Bay
- Communities Together For Children
- Dilico Anishinabek Family Care
- District of Thunder Bay Social Services Administration Board: Ontario Works, Housing Services
- Faye Peterson Transition House
- Fort William Family Health Network
- George Jeffrey Children's Centre
- NorWest Community Health Centres
- Our Kids Count
- Lakehead University, School of Social Work
- Thunder Bay Counselling Centre
- St. Joseph's Care Group
- Thunder Bay District Health Unit – Healthy Babies Healthy Children
- Thunder Bay Regional Health Science Centre
- Best Start Hubs

Current Agencies Involved:

- Children's Aid Society of the District of Thunder Bay
- Children's Centre Thunder Bay
- Dilico Anishinabek Family Care
- Our Kids Count
- Thunder Bay Counselling Centre
- George Jeffrey Children's Centre
- Best Start Hubs
- Thunder Bay District Health Unit; Healthy Babies Healthy Children
- Thunder Bay Regional Health Science Centre
- Norwest Community Health Centre
- OATC
- St. Joseph's Care Group

Purpose

In recognition that the prenatal to 36 month period is critical for the optimal growth and development of children the Thunder Bay Infant Response Committee strives to collaboratively support families to remain together in a safe home environment.

Preamble

Parents are raising children in a context of increasing poverty and deprivation, racism, and historical trauma (both familial and institutional), and at the same time facing a lack of support services to assist with many critical issues such as housing, food security, addiction, mental and physical health, employment and child care. Poverty is not a self-imposed condition. It results from social and economic policies that have contributed to gaps in support networks.

This child welfare and community response will take into account the impact of systemic issues on the ability of individuals to provide safe and adequate care for their children. Caregivers should be expected to be accountable for their own behavior with regard to their children, but not for any marginalization that affects the material conditions of their lives. An effective and fair response requires both mandate and personnel who are able to make such distinctions. The separation of individual and systemic accountability requires a clear understanding of oppression and the dynamics of power between individuals and institutions. Without it, systemic inequalities are reinforced.

On a yearly basis the Paediatric Death Review Report will be reviewed. A review of the Report will provide the community with updated research, recommendations and changes in the area of child fatalities.

Definition: High Risk Infant

An infant prenatal to 36 months is considered to be living in a high-risk environment when conditions exist that could result in significant harm. The factors that contribute to an environment being deemed high-risk include factors related to the infant, the primary caregiver, the physical environment and the support system.

Guiding Principles

- The safety and wellbeing of the infant is central to the plan.
- Service delivery partnerships are essential for ensuring and supporting the safety and well-being of infants in high-risk environments
- Ongoing communication between all partners involved is an essential part of the process

Goals

To establish a community-based process for identifying and providing interventions to support infants, from a prenatal stage to thirty-six months, who are living in high-risk environments.

The goals are to:

- recognize the importance of strengthening and supporting the caregiver's ability to nurture the infant to reach developmental milestones;
- ensure service provider support and encourage effective communication as a key concept in the delivery of their services;
- build on the caregivers strengths and provide community supports in a coordinated manner;
- ensure that interventions are respectful of the caregiver's culture, religion, background and traditions;
- recognize the involvement of extended family and informal supports as identified by parents and community partners;
- ensure the interventions are respectful of the caregiver's physical, mental and developmental status;
- ensure that services are coordinated to avoid duplication with duplication of services kept to a minimum;
- ensure that access for children and caregivers to appropriate services and supports is a paramount consideration for service providers;
- ensure that efforts are made to engage the community as a whole in supporting and coordinating services for high risk infants through community promotion and education.

Evaluation

- Ongoing informally throughout the process
- Formal evaluation to take place through 2010/2011
- Develop a tool for families and community members to obtain feedback on an ongoing basis
- Review the community process two times a year with community members including ongoing evaluation feedback of the Plan

Child & Family Identification

- The service provider will identify an infant at risk according to the guidelines and will contact the Intake Unit of the appropriate child welfare agency.

Or

- The service provider will identify a potential high risk pregnancy and will contact the Intake Unit of the appropriate child welfare agency for voluntary planning and service provision.

Contact Family

- The child welfare agency will contact the family/expectant parent to conduct a child welfare assessment (traditional or customized investigation as required) and request that the family provide voluntary consent to call an Infant Response Plan Meeting.

Or

- Or the service provider in collaboration and consultation with the child welfare agency may attempt to obtain voluntary consent to call an Infant Response Plan Meeting (after making a referral to child welfare agency).

Purpose of the Initial Infant Response Plan Meeting

The child welfare agency will take responsibility for implementing the Infant Response Plan process and identify the child welfare case manager. The child welfare case manager will schedule a meeting within seven days of a referral meeting the definition of the Infant Response Plan.. It is expected that community agencies that are seen as critical will be in attendance. Caregivers as well as those who they identify as informal supports and service providers will be invited to the Initial Community Meeting;

The purpose of the meeting is:

- To explain the Infant Response Plan and review the guiding principles
- to obtain the caregiver's perspective and share information;
- to determine the family's supports, strengths and current challenges;

- to begin working in collaboration with the family, informal supports and service providers to promote strengths and reduce risk;
- to identify other service providers currently working with the family and if appropriate incorporate into the Infant Response Plan;
- to mobilize any services required immediately;
- to develop a written plan.

Infant Response Plan

- The plan will be clear in outlining communication channels between the family and involved agencies, as established by the family and agencies.
- The plan will develop mutually agreed upon goals & objectives.
- The plan will establish tasks and who is responsible for each component, with timelines.
- The plan will set a date for follow-up meetings as required.
- The Infant Response Plan summary will be distributed by the child welfare agency.

Ongoing Meetings and Reviews

- Prior to I.R.P. meetings, the child protection worker will ensure that all attendees understand the purpose of the meeting and the Signs of Safety practice model used within the meeting.
- Listen to the family provide a current update of their progress and provide an opportunity for the family to identify any additional supports that they feel would be beneficial.
- Review current status of goals at meetings as required.
- Additional resources may need to be added to the original Infant Response Plan.
- Other meetings and consultations will likely occur between Infant Response Plan meetings.
- An opportunity for service providers to debrief following the meeting will be offered.
- A meeting may be requested by the caregiver or any member of the plan.
- Conference recorder will be a staff person from the child welfare agency and will document the plan on the form, distribution will be arranged by the child welfare agency.

Termination of Infant Response Plan

- Termination of the Infant Response Plan will occur when it is determined that the identified infant is no longer living in a high risk environment, (as determined by the caregiver(s), family, informal supports, service providers and child welfare agency). A conference will be necessary to terminate the process.
- Service providers may continue to stay involved with the family to provide services and supports to the family on a voluntary basis. The child welfare agency may also be involved
- Termination of Infant Response Plan will be noted on the service plan however services to the family may continue as part of a regular service plan.

- Caregivers, family, informal supports and service providers will review the goals achieved.
- If family moves out of region, community agencies will attempt to link the family to new resources, if needed, with the consent of the family.

Informal Feedback

- Ongoing informally throughout the process.
- Develop a tool for families and community members to obtain feedback.
- Worker will complete an exit interview.
- The Infant Response Plan Community Committee will provide feedback as it relates to the Plan on a regular basis.

Appendix A: Factors of High Risk

This guide has been divided into four sections: infant, primary caregiver, environment and support systems. The high risk factors have been separated into two sections: primary and secondary. Primary factors indicate situations that can stand-alone and only one factor is needed to identify a child in a high risk environment. Secondary factors when combined with others elevate the risk to high risk.

The identified high risk factors are intended to act as a guide to assist workers in the identification of infants living in potential high risk environments. Each case is unique and needs to be assessed using the risk and safety model, which takes into account the recourses and supports available to the family. This guide does not replace the duty to report suspected abuse of a child.

a. Child

Primary Factors

- Exposure to substance use (not managed by a primary care provider)
- Medical care is required or recommended and not followed through
- Perceived attachment difficulties to caregiver
- Neglect/abuse
- Lack of responsiveness to an undiagnosed medical problem (developmental)
- Caregivers inability to respond to feeding issues or concerns
- Lack of responsiveness to the child's mental, emotional or developmental condition

Secondary Factors

- Premature or low birth weight

b. Primary Caregiver

Primary Factors

- Diagnosed psychiatric illness which impacts ability to care
- Substance use is impeding caregivers ability
- Other children not in their care (CAS/other) and past issues are persistent
- Uses physical punishment as a form of discipline or out of frustration

Secondary Factors

- Lacked prenatal care
- Interacts only with infant to meet basic needs (not emotionally available/ attachment difficulties)
- Signs of emotional health i.e.: frequent loss of control and depressive symptoms which impacts ability to care
- Cognitive/developmental characteristics impede caregivers ability to care for child
- Inability to follow through with education about nutrition and sleeping safety
- Unrealistic expectations of child
- Caregiver who neglects child's needs leaving child at high risk

c. Environment

Primary Factors

- Primary caregiver is homeless and this impedes their ability to care
- Individual within close proximity to the child displays violent behavior

Secondary Factors

- Substandard living conditions (hydro, plumbing)
- Inadequate income to meet child's basic needs
- Child is left in the care of inadequate care givers

d. Support Systems

Primary Factors

- (None)

Secondary Factors

- Lack support
- Isolated and impacts ability to care
- Identified support system is involved in criminal or antisocial activities which impacts the ability to care

Appendix B: Consent Form

Thunder Bay Infant Response Plan
Authorization for the Release/Exchange of Information

I understand that the Thunder Bay Infant Response Plan is a group of agencies and service providers who are working together to protect children from birth to 3 years of age living in high risk environments through providing supports to families.

I have reviewed the list of partner agencies attached to this consent and have added any support persons or groups that I want to be involved and have crossed off those persons or groups that I do not want to be involved in the exchange of information.

I hereby agree and consent to the sharing of personal information regarding myself and my child(ren) amongst the partner agencies and persons on the said list including the exchange of and disclosure of reports, assessments, records, including clinical records containing Personal Health Information pursuant to the Personal Health Information Protection Act and any information which may be subject to Freedom of Information and Protection of Privacy Legislation.

I understand that the purpose of the disclosure to which I am consenting is to enable the partner agencies to work together to assess and address risk issues regarding the care of my child(ren) and to develop and implement a plan to provide a safe environment for my child(ren).

I understand that I have the right to obtain independent legal advice prior to signing this consent.

I have been advised of the Infant Response Plan by: _____
and I understand the program.

I understand that I can revoke or cancel this consent by providing written notice of same to _____ at _____

I understand that this consent is valid until _____ (dd/mm/yyyy) unless revoked or cancelled by me in writing before that date.

I _____ (print full name of person releasing information) D.O.B _____ (dd/mm/yyyy) of

_____ (full address)

Hereby consent to disclose the said records in respect to:

_____ D.O.B. _____
(name of person whom information concerns) (mm/dd/yyyy)

Date at Thunder Bay this _____ day of _____, _____.
(day) (month) (year)

_____ _____
witness – print name Signature

Thunder Bay Infant Response Plan Partners

Initial	Date	Organization
_____	_____	Children's Aid Society of the District of Thunder Bay
_____	_____	Children's Centre Thunder Bay
_____	_____	Communities Together for Children
_____	_____	Dilico Anishinabek Family Care
_____	_____	District of Thunder Bay Social Services Administration Board: Ontario Works
_____	_____	District of Thunder Bay Social Services Administration Board: Housing Services
_____	_____	Faye Peterson Transition House
_____	_____	Fort William Family Health Network
_____	_____	George Jeffrey Children's Centre
_____	_____	NorWest Community Health Centres
_____	_____	Our Kids Count
_____	_____	Thunder Bay Counselling Centre
_____	_____	St. Joseph's Care Group
_____	_____	Thunder Bay District Health Unit – Healthy Babies Healthy Children
_____	_____	Thunder Bay Regional Health Sciences Centre
_____	_____	_____

Note: This form is completed after explaining the Infant Response Plan.
The form is voluntary for the purpose

Appendix C: Infant Response Plan Contact List

***Copy placed in file[ ]**

THUNDER BAY INFANT RESPONSE PLANNING MEETING

Child(ren):		**Parent(s):**	
Date/Time of Meeting:		**Room Booked:**	
Worker Name:		**"CLIENT UNIT FLAG" completed in Frontline by:**	
Document scanned and attached to Frontline and the activity flagged as 541 – TB Infant Response Plan		☐ Yes ☐ No	

Check to call	Organization	Contact Name	Contact Information	Called	Will Attend	Cannot Attend	Info. Given
☐	Thunder Bay Counselling Centre	Jenna Hoppe (Hope Place) Aimee Jaun	Ph: 684 -1885 jenna@tbaycounselling.com Ph: 6834701/Fax: 344-3782 aimee@tbaycounselling.com	☐	☐	☐	☐
☐	Dilico Children's Mental Health Dilico Family Preservation Service Dilico C.W.	Kristine Stasiuk (Infant/Child Development Program - Heath Park site) Gwen Goodman Diane Rusnak	Ph: 624-5810 Fax: 626-7999 kristinestasiuk@dilico.com gwengoodman@dilico.com dianerusnak@dilico.com Ph: 626-7931 Fax: 626-7999	☐	☐	☐	☐
☐	Dilico Adult Addiction Services	Cheryl Bagnall	Ph: 623-7963 Fax: 626-7999	☐	☐	☐	☐
☐	Children's Centre Thunder Bay	Zohreh Dadgostar(Early Intervention) Karen Longridge	Ph: 343-5076/Fax: 345-5015 zdadgostar@childrenscentre.ca Ph: 343-5096 klongridge@childrenscentre.ca	☐	☐	☐	☐
☐	Healthy Babies/Healthy Children ***Always send a Referral if the family is not open to HBHC***	Marlene Spirka (receptionist)	Ph: 625-8814/Fax: 628-8664 Marlene.spirka@tbdhu.com	☐	☐	☐	☐
☐	Our Kids Count	Margaret Hajdenjak	Ph: 623-0292 Ext. 229 Margaret1@tbaytel.net	☐	☐	☐	☐
☐	St. Joseph's Care Group (Mental Health) ---------- Sister. Margaret Smith Centre (Addictions Clinic)	Alison Raison (Intake) ---------- Kirsten Saciino	Ph: 624-3438 Ph: 624-3400/Fax: 624-5051 ---------- Ph: 684-5100 Fax: 622-1779	☐	☐	☐	☐
☐	Faye Peterson Transition House	Irene Laldin Brenda Monsma	ilaldin@fayepeterson.org bmonsma@fayepeterson.org Ph: 345-0450/Fax: 345-4550	☐	☐	☐	☐
☐	George Jeffrey Children's Centre	Deanna Ward Janine Letwin Liza Kohanski	625-6798 dward@georgejeffrey.com 625-6059 jletwin@georgejeffrey.com 625-6053 lkohanski@georgejeffrey.com Fax: 623-6626	☐	☐	☐	☐
☐	Norwest Community Health Centre	Anita Jean	Ph: 622-8235/Fax: 622-3548 kforneri@norwestchc.org	☐	☐	☐	☐
☐	Thunder Bay Regional Hopsital	Diane Iazzolino-Bodnar	Ph: 684-6479/Fax: 344-8581	☐	☐	☐	☐

	Maternity Centre						
☐	Thunder Bay Midwives	admin@mcmidwives.ca	Ph: 344-2229/Fax: 346-6860	☐	☐	☐	☐
☐	Thunder Bay Regional Hospital Pediatric Unit	Brittany Sanche	Ph: 684-6493/Fax: 6845876 saultk@tbh.net	☐	☐	☐	☐
☐	Communities Together for Children Best Start Hubs	Kim Couch	Ph: 624-2379 Kim_couch@ctctbay.org	☐	☐	☐	☐
☐	Lakehead University	Erin Gray	Ph: 766-7204 egray@lakeheadu.ca	☐	☐	☐	☐
☐	Fort William Family Health Network	*Non-urgent: Contact each physician directly as required *Urgent weekdays(8:00am to 5:00pm): Nurse's Registry *Urgent: Weekdays after 5:00pm or On	General clinic #: 626-1234 Fax: 623-8832 Nurse's Registry: 623-7451 Nurse's Registry: 623-7451	☐	☐	☐	☐
☐	District of Thunder Bay Social Services Admin Board - DSSAB	Marnie Tarzia	Ph: 766-2111 Ext. 4085 Fax: 345-7921	☐	☐	☐	☐
☐	Facilitator *(Chris A, Diana M, Frank C, Loretta M, Norma L, Riley M, Rosa L, Rose B, Ron S, Sarah L, Silvia A, Susan W, Trevor C, Tina M, Tara T)*			☐	☐	☐	☐

Others to Invite (outside the T.B.I.R. Group)	**Contact Information**	**Called**	**Will Attend**	**Cannot Attend**	**Info. Given**
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

1. When forwarding the Signs of Safety document and the Thunder Bay Infant Response Plan pamphlet to each participant, word it as follows: "I am forwarding you the Signs of Safety framework which will be used in the conference."
2. Only contact the Fort William Family Health Network, if the client is a patient there.
3.

Teleconference with		Number:	
Teleconference with		Number:	
Teleconference with		Number:	