

Introduction

This report summarizes key findings from participatory case study research exploring

A summary of findings from the case study research project addresses the ways in which the CHWT program provides unique, culturally-specific training experiences and supports entry into a particular field of post-secondary education and employment, but also how the program plays a role in supporting understandings of anti-poverty more broadly. Central to these outcomes is the way participants attain and/or develop their cultural identity; an identity which many felt had been lost to them.

Worker Trainee Program that would enable graduates to learn and develop skills necessary for working effectively within a culture-based model of health, increase par knowledge of Aboriginal traditional healthcare methods, as well as understand Aboriginal historical origins and the role of colonization.

The CHWT program continues to be a partnership between the George Brown College faculty of Community Services and the AHT. From its inception, a maximum number of ten students per year were accepted. It was designed from the beginning to be a unique program organized and taught by Aboriginal community health workers, and approved by the Aboriginal Education Council. It was designed to deliver six modules and related training experiences over 48 weeks, conducted at the AHT and taught by staff of the centre as well as a broad variety of respected members of First Nations communities including Elders.

Over time the CHWT program defined its six modules as involving Experiential Training which led by AHT staff provided CHWT students an opportunity to gain on-the-job experience by working alongside staff, e.g. in the Babishkhan Unit (which provides services such as: assisting homeless clients to obtain housing, pre- and post-natal care, traditional counselling and additions counselling to name a few). The Traditional Health and Culture module is conducted by Traditional Healers, Elders and teachers, who come to the AHT from First Nations communities across Canada to teach and share knowledge on the philosophy, methods and approaches of Traditional Health Care. The students are given the opportunity to participate in traditional ceremonies such as fasts, sweats, and clan feasts. Students also learn about traditional herbs and medicines and the Medicine Wheel. Elders address the knowledge of Aboriginal origins and colonial histories on the continent. The module on Community Development has involved the discussions of Aboriginal community analysis and organization, the effects of colonialism on First Nations communities, and the dynamics of roles and skills in forming social movements. Health Promotion, Advocacy and Supportive Counselling is another broad module which deals with matters of health, nutrition and stress management within the context of Aboriginal community, and also examines legislation and the skills of advocacy in community work. Culture-based counselling, as distinct from westernized counselling approaches, are also studied as part of this module, especially in areas of anti-oppressive and social justice practices, training in individual, family, and group intervention skills which promote individual, and community self-determination and empowerment, and addressing cultural identity in counselling. The Communication and Presentation module focuses on writing and presentation skills, as well as IT and interviewing skills. In total, 820 classroom training hours are required to complete the CHWT program.

The CHWT program is funded through the AHT which pays administrative costs to George Brown College. Graduates of the AHT CHWT program are given academic credit equivalent to one academic year and typically enter their second year in the Community Worker Program at George Brown College. Upon entering George Brown College program, students are required to take courses dealing with English, Counselling, InterpTJETBT1 0 0 1 213.64 248..sn anen3(n)-3()8(a)6(n3(t)8(h)-

in terms of student experience,
and shape how we might provide better support for innovative efforts like the AHT CHWT program.

Through the research partnership across George Brown College, AHT and the APCOL
research network building on these ideas we have considered

helped me to

depends so much on the group, I would say because a lot of people might not be able to work under that much pressure, right? (Janet)

This research suggests that a somewhat larger group would likely have increased such positive learning outcomes, and we will return to this matter in the next section. At the same time, one of the students went on to describe ongoing challenges that were not infrequent according to our research.

But the transition into George Brown was rough. It was an uneasy transition because of all the PL[XS DQG ZKDW QRW WKH IXQGLQJ DQG Gework How was going to M X * HRUJH % URZQ DQG , JRW OHWWHUV IURP WKHP VD\ LQJ WK , KDG WR VFUDPEOH WR JHW IXQGLQJ , GLGQ W DSSO\ 6 R confusing. I would say more concentration on the transition from that programme into George Brown in needed to make sure everybody is on the same page because at that time it seemed like the right hand did not know what the left hand was doing. And nobody seemed accountable. Everybody was just say LQJ 3 ZHOO LW V QRW P\ IDXOW\ \RX NQRZ 3 LW\ DQG WKDW SHUVRQ ZRXOG VD\ 3 LW V QRW P\ IDXOW V FRRUGLQDWLRQ « < HDK VR WKDW ZDV WKH RQO\ W the whole WK WKLQJ , P JODG , VWXFN WR LW EXW WKHQ OLNH D ORW MXVW ZDON DZD\ IURP LW LQVWHDG RI JRLQJ WKURXJK « % H ODVW VHFRQG DQG ZKH Orow money D people R get through, and all this. (Janet)

In other words, beyond supporting more intensive and expanded group learning, these comments and many others begin to suggest that there remain a number of areas requiring additional support if the CHWT program is to more effectively create the positive outcomes we have examined.

Program-based Recommendations

The AHT CHWT program in partnership with George Brown College has continued to produce enormous, often under-appreciated, effects in the lives of individuals and likely also in Aboriginal communities of Ontario. And, it is ripe for expansion through renewed and deepened support efforts. In the context of student experience, adult education and community development specifically, we find evidence that the learning environment is uniquely productive, and it is successful in terms of goals that have proven difficult to realize by other means. At the same time, the CHWT program has continued to experience challenges and pressures at a program level. Emerging in parallel to the findings in this community-based, participatory case study research is clarity on what may be needed to solidify, expand and build on this programs success from the perspective of student experiences and learning.

Our research suggested the following list of five program-based recommendations requiring greater attention and resources.

1. Expansion of the existing cohort size from five to twelve.

The CHWT program depends on social learning and social support based largely, though not exclusively, in student cohorts. When the size of the cohort fall, so too do the supports available to students within their cohort.

2. Increased financial support for coordination work of the CHWT.

The CHWT program is extremely intense and emotional. The type of successful outcomes we have begun to summarize in this report depend on specialized, inter-personal and labour-intensive coordination work that is still too often hidden from view. If quality is to be sustained and staff burn-out is to be avoided further supports for this coordination work is likely needed.

3.

