

ABORIGINAL IDENTITY, SPIRITUALITY AND LEARNING

**A Case Study with the Anishnawbe Health Toronto
Community Health Worker Trainee Program**

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A partnership project



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Introduction

This report summarizes key findings from participatory case study research exploring the Community Health Worker Trainee (CHWT) program at Anishnawbe Health Toronto's (AHT). The AHT CHWT case study research is part of a larger research network funded by a grant from the Social Sciences and Humanities Research Council of Canada CURA (Community University Research Alliance), administered through the Ontario Institute for Studies in Education (OISE, University of Toronto) with additional financial contributions by George Brown College. Entitled the "Anti-Poverty Community Organizing and Learning" (APCOL: www.apcol.ca) project (2009-2014), this larger research network includes researchers from 19 service agencies and community groups, as well as researchers at the University of Toronto, York University, Ryerson University and George Brown College. It has been seeking to bring together academic and community-based researchers and members to explore poverty reduction strategies in four areas: i) education and training; ii) health, nutrition and food security; iii) quality employment; and iv) housing. In this sense, the aim of the broader research network is to address learning and organized efforts within and affecting community in terms of combatting poverty. From the beginning, our AHT case study research team felt that the CHWT program was a leading example of an initiative that could be studied in these terms.

The CHWT program at AHT serves First Nations students from Toronto and across Ontario through an innovative, culture-based approach to training, learning and development related to the field of community health work. In this report we summarize our documentation of the character of student experiences – past and present – of the AHT CHWT program. We look beneath and beyond, for example, outcome statistics that are available elsewhere. As such, this is not a program review but rather an important supplement to one. Additional reports that will further supplement an understanding of the AHT CHWT program are in process.

The goals of the AHT CHWT program case study research were as follows:

1. to document and understand the history, practices and outcomes of the AHT CHWT program from the perspective of current and past students, and to use an evidence-based approach to think carefully about recommendations that would build from the best aspects of the CHWT program with special attention to the its relationship with George Brown College;
2. to document and understand how initiatives such as the AHT CHWT program may strengthen and expand the capacity of students of the program to make contribution to First Nations communities in a broader sense inclusive of but not limited to their obtaining skills and employment in the field of community health;
3. to train current students and support faculty of the CHWT program in participatory research methods, and as such create future to carry out research of their own;
4. to place the work of the CHWT program into a broader context of learning and anti-poverty work in relation to other organized efforts in the Toronto area, in a comparative way.

The findings we discuss here relate primarily to the first goal, but provide a variety of indications (dealt with more fully in associated publications) as to how our research related to goals 2, 3 and 4 as well.

Our approach in the case study dealt with several key ideas from the research literature in Aboriginal Studies, Adult Education, and Community Development. We sought to examine how adult learning, cultural identity, history, community and organizing, as well as oppressions related to poverty and Aboriginal life, are shaped by and in turn shape participation in the CHWT program. Our intensive one year case study spoke to the relationships between community-based educational programming and adult learning responses to poverty issues take on a distinctive character in relation to Aboriginal culture, identity and spirituality.

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. These findings speak to concepts from the fields of adult education and community development in terms of culturally specific interpretations and challenges of community and leadership development as well. Our data show how ensuring students have an understanding of the impact that oppression has had on them, their families and past generations is a foundational component to their learning but that this learning requires specific supports. We see how the program helps participants realize how they can become agents of change for themselves, their families, and their communities, and how historically and culturally specific adult learning issues related to healing are central to a full understanding of the CHWT program as well as the possibility and barriers for anti-poverty work more broadly. Our concluding recommendations speak to issues that are program-related, but these recommendations, we feel, relate deeply to many broader issues facing our societies today.

A Brief History of the Anishnawbe Health Toronto Community Health Worker Trainee Program, its focus and its Relationship with George Brown College

The Community Health Worker Trainee (CHWT) program at Anishnawbe Health Toronto (AHT) serves First Nations students from Toronto and across Ontario through an innovative, culture-based approach to training, learning and development related to the field of community health. The program serves many functions. However, in the first instance it is a preparatory program offering advanced standing in the Community Worker program at George Brown College (Toronto). To understand how the AHT CHWT program functions today it is necessary that we make efforts to document its brief history. Our efforts are based on available documents as well as interviews with people associated with the establishment and continuance of this program to present.

The CHWT program was approved by the Aboriginal Education Council in September 1995. Dr. Georgia Quartaro (as Chairperson) was the first person to sign the agreement and was the original signatory on the contract with George Brown College and AHT when they approved the curriculum. This agreement served to formally commit George Brown College to the provision of consultation services, evaluation and certification of the CHWT program at AHT, and signified George Brown College's recognition of the importance and value of providing opportunities for Aboriginal peoples to study and learn in an Aboriginal, culture-based environment.

The very first conversations that led to the establishment of this unique relationship were initiated by the leadership and staff of the AHT, headed by Barbra Nahwegahbow, who together with Rachel Shilling, raised the possibility and value of a type of trainee program in the field of community health with George Brown College in early 1993. Only a few months later, in March 1993, the programme was initiated. The first Coordinator of the program was Marjorie Noganosh, and Pramila Aggarwal became the first Faculty Liaison Coordinator between the George Brown College and the AHT CHWT program going forward. Aggarwal provided on-going program monitoring and evaluation, and saw to matters of student registration and certification upon successful completion. Since then, the programme has had five coordinators, including Marilyn Johnson, Rachel Shilling, Beau Ducharme, and the current AHT Coordinator Dorothy Peters. Starting in 2012, Bill Fallis acted as an instructor and coordinator of the courses at George Brown College.

The first set of three students from the AHT CHWT program graduated from George Brown College in June 1995. At that time, the program was designated specifically for people on Unemployment Insurance who were going for retraining. It was established that the main objective to provide an opportunity to members of the Aboriginal community to participate in a Community Health

Worker Trainee Program that would enable graduates to learn and develop skills necessary for working effectively within a culture-based model of health, increase participants' 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 students' 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, Interpersonal Communication, Group Dynamics, Human Rights, Sociology, Political Science, Canadian Social Policy, as well as two other electives which they select with the help of an academic advisor. For George Brown College, the significance of this is a partnership with AHT that reflected the College's support of community programming that could be developed into successful college programs. For AHT, one of the significant outcomes is the mutual sense of achievement and certification their students achieve by graduating from George Brown College in order to enter the job market.

In the brief history of this partnership, a goal has remained to prepare Aboriginal students in terms of introductory and foundational content as well as the self-confidence and supports they need to succeed at George Brown College. From the beginning concerns about supports for Aboriginal student completion of the two year George Brown College Community Health Worker program were at the fore-front, though presented challenges. The proximity of AHT and George Brown College

campuses was thought to help ensure continued community support for the Aboriginal students in their college studies. And, it was also thought that, building on their initial year in the CHWT program at AHT, the challenges of otherwise unsupported route into and through the two year George Brown College Community Health Worker program could be decreased.

Research Context and Methodology of the Case Study

The AHT CHWT program deals with Aboriginal adult education, and specifically learning and development as embedded in issues of community health work as well as Aboriginal cultures. However, for some time adult education researchers have held concerns about the focus on individual learning in connection to formal education (cf. Foley 1999). Those before Foley and since (e.g. Freire 1970; Walters and Manicom 1996; Cunningham and Curry 1997; Mayo 2000; English 2004; Hall and Turay 2006; Hall, Clover, Crowther and Scandrett 2012) have raised the issue that the formal education of adults must be regarded as part of a much broader perspective on society, cultural communities and social purposes beyond only obtaining a credential. Indeed, many of these researchers have linked community involvement and social action of communities with effective learning directly. Central to these efforts, as Marjorie Mayo puts it in the preface to Hall et al. (2012, p.vii), has been the challenges of attending to the “two-way processes of learning, acquiring knowledge and skills in order to take action more effectively, and learning through reflecting on the experiences of social action that follow, engaging in movements for social justice and social change”. In terms of research on community-based challenges to poverty issues in North America, these types of perspectives have only rarely been dealt with (cf. Sawchuk 2010; Defilippis, Fisher and Shragge 2010). Most research on issues of poverty has continued to gather information with little reference to formal adult education or adult learning in relation to community development. More rare still is Canadian research on poverty issues that specifically deals with Aboriginal cultural perspectives alongside the dynamics of adult education and learning stemming from specific program initiatives (cf. Ramos 2009).

Our broader concerns in this research are to understand the culturally specific barriers to challenging poverty in the context of adult education, and in these terms we benefit from an awareness of adult education research that has focused on transformation, rather than simply adaptation (e.g. Welton 1995; Sawchuk 2006). These approaches take seriously how and why learning can be both a personal as well as a social and collective, and yet even in this research we find reference to distinctive Aboriginal cultural and historical perspectives lacking (see Burton and Point 2006). In our view, this opens the opportunity to make an important contribution to research even if Aboriginal perspectives on adult education and adult learning are anything but new. As Burton and Point (2006) say,

...methods of education in Aboriginal communities, lifelong learning is a familiar, ancient construct ... ethical, theological, historical, ecological, and political... [s]torytelling is an essential feature of the lifelong learning of adult members of Aboriginal communities. Furthermore, ceremonies play an essential role in imparting lessons and the further education of specialist. (pp.36-37)

Indeed, though not linked in the research to community learning as such, a key theme for us in this report is Aboriginal healing, and here the work of Restoule (2006) in the urban context is particularly helpful. Aboriginal healing, in the context of the AHT CHWT program outlined earlier is essential. Likewise, we see that research on adult learning and storywork with Elders (e.g. Atleo 2009) is equally relevant to our thinking about our research. In both cases, these research ideas provide support for understanding the ways in which Aboriginal cultures play a unique role in re-establishing positive perspectives on identity. These research ideas likewise form an essential component for

understanding the practices and outcomes of AHT's CHWT program 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 the distinct adult learning dynamics and implications related to community health work and community health worker training. As a culture-based, multi-service health organization, AHT's Aboriginal values, traditions and beliefs include the traditional Aboriginal approach to healing which is at the core of its organization. Our research shows that these are the driving force behind all that AHT does, and this perspective is likewise central to the case study research.

Our research interviews gathered the thoughts and the experience of 40 individuals. The bulk of these were former students of the CHWT program though we also completed interviews with the small number of current students and staff. Specifically, our research methodology specifically involved semi-structured interviewing with current and past participants guided by the following six main questions: i) What made you join the Community Health Worker Trainee Program at Anishnawbe Health Toronto?; ii) How did this program at Anishnawbe Health help you with your cultural identity?; iii) How did learning about the impact of oppression affect your sense of self, family, and community?; iv) In what ways has this increased knowledge gained from the program contributed to what you now do in your life?; v) What path did the program lead you to after leaving the program?; and, vi) Now that you have been through the program, how did it affect, either positive or negative, in the areas of health/nutrition, housing, employment, and education for you, your family or community?

The evidence provides important insights into the nature of the program and its needs for continued (and expanded) success, and this is the focal point of the recommendations we offer in the concluding section. At the same time, in relation to anti-poverty research, the case study viewed the distinct challenges of Aboriginal communities, as well as the distinct forms of intervention, re-engagement in Aboriginal culture and the healing process as an important extension of the adult education and adult lifelong learning process.

As we have discussed, the CHWT program students represent many different Aboriginal nations from across Canada. Students include those from Okanagan, Micmac, Cree, Ojibway, Mohawk, and Metis nations to name a few. Some are long-time residents of Toronto, while others are born in Toronto, and many others are newly-arrived to this city. They come from a range of economic and social circumstance: from homeless street people, adults who were adopted out to non-Aboriginal families and single parents, to those who live more comfortably but where money is often scarce. For many students, their involvement with AHT as well as the CHW program at AHT is the start of their healing journey, and this figures prominently in the case study research goals and focus. These people are looking for a sense of Aboriginal identity and belonging. They are often suffering from the effects of oppression which is manifested in many different ways – physically, mentally, emotionally and spiritually. Issues of culture, race, gender as well as poverty and social class are all involved.

It is in this context that, while participating in the CHWT program, participants begin seeing Healers, Elders and traditional counsellors on a regular basis, attend healing ceremonies, and/or access medical care, either for the first time or for the first time in very long time. The courses taught (e.g. advocacy, community development, communications, academic writing & presentation skills, counselling and group dynamics) are focused on ensuring students have an understanding of the impact oppression has had on themselves, their families and past generations. Our research demonstrates clearly how, within the CHWT program, it becomes empowering for students them to learn and understand the generational impact oppression has had on their communities. Evidence clearly speaks to how the program helps students realize how they can become agents of change for themselves, their families, and their communities, as well as obtain skilled employment in the area of

community health work. In fact, our data indicates that for many of these students, involvement with AHT and the CHWT program is their introduction to Aboriginal culture and spirituality.

Overview of Key Findings and Discussion

My cultural identity is Ojibway. I gained a broadened view of my cultural identity. There was a big change, my life was closed, mainly with my family, and I felt I was doing fine, but I used to have moments of anxiety which I could not explain. I also despised the way my own people were – like the drunkenness of the men. When I went through this program, I realized I had internalized the oppression against Aboriginal peoples, and that is why I judged my own people. Now I have a better understanding of myself, who I am, and I can also be a better parent to my children too. Meeting and teachings by the Elders solidified what I already knew, but it was like a unifying experience. Now I know that there are more native people, not different tribes, but one native peoples. (Paula)*

Remarkable transformational learning was documented in this research, as Paula's comments above suggest. These transformations revolved around the stabilization of one's life, enriching one's identity and re-connection to community as well as developing new skills and abilities for employment within and sometimes beyond the field of community health work. From these transformations, enormous individual and collective capacities have been created. Each of these changes stem from features of the AHT CHWT program design which, the research suggests, can be strengthened further with attention to several key areas. For now, we turn to the character of student experience to better understand how and why the program works in the way it does.

Student Experience: Deepening an Awareness of Aboriginal Cultures and Healing

AHT and the CHWT program contributed to specific Aboriginal healing processes at the individual level. However, our interview analysis showed that this program made contributions beyond individuals. Through changes in individuals, the program regularly affected healing in communities which, in turn, could be in a better position to take on a variety of challenges facing Aboriginal peoples today. Community linkages seemed to be strengthened considerably through the CHWT program, and in fact community links were frequently the way that students found their way to the CHWT program. Many past and current interviewees specifically noted that it was through a family or other community member that they came to understand the potential value of participating in the CHWT program and the AHT. In these terms, issues of Aboriginal identity attracted students, were an invaluable focus of their successful participation, and then fed back into their communities. Students past and present typically described their transformations in these ways. Aboriginal culture formed the key link.

I looked Native, but I didn't feel like I was, I had no knowledge really of anything of the culture and um so that really helped me to come to terms with my identity. (Tanya)

Well it actually helped tremendously, when I reflect on all of my experiences I always identify this (CHWT) as being the turning point of a better understanding of my cultural identity. (May)

It was an education where the component was Native American, which is what I am, [and] my beliefs ...which made it really unique...Traditional training here, dealing with ceremonies, medicines, field trips. Native Studies within the program and just having a Native circle and Sweats within the city and as well as field trips which really helped. (Amy)

*All names of participants quoted in this report are pseudonyms.

I was really glad we had the option to go to sweats every Friday, and with our peers it was really a great way to deal with what we were going through on our day to day. Employment...? It helped incredibly actually because you're building a network, not only at Anishnawbe Health but also at other organizations. (Mike)

In the CHWT program, learning was deeply supported, as another interviewee said, by the process of “getting back in touch with using the medicine wheel and going to ceremonies. It helped a lot in getting back to my roots... The program is so culturally-based that it gives you a foundation to your community and to yourself, it's just connecting to your being” (William).

Moreover, participating in CHWT programming as well as activities of the AHT more broadly helped many move forward with establishing and then pursuing career aspirations (both within and beyond community health work services). The transitions involved in this were not usually easy, but for most interviewees established a viable educational and career path forward, e.g.

I wrote letters for the funds, then I applied for the Community Health Workers programme two or three times till I finally got in. [It helped that] I was in this building for [health issues] [The CHWT program] really helped my health because I was really mixed up when I got here, then I was going to school, but at first my mind couldn't really focus. But I went to ceremonies and I talked to all the medicine people down here and I found my way back to being normal again, instead of being lost... I thought it was pretty good the way they set [the CHWT program] up, and it really helped that I had good classmates, like you, Jason, Paula, and John.... Everything was good about the [CHWT] program we took here because it was all related to what we would do at George Brown. Got used to doing essays and I'm still doing essays at Ryerson, eh? And it's just the same thing that we got taught here by Brenda.... I still talk to Pauline at George Brown and I still go to George Brown to do my homework, and it helped me to getting back into native culture. Makes me aware of who I am and I got to know where to ask for help. And things are working out pretty good.... [And] that native lounge we had at George Brown room really helped. It's like you come to a door way and you're taking the next leap over. It helps to have that space. I didn't have that when I was in school a long time ago in [up North]. I was studying by myself all the time. I didn't have any native companions to help me along, and it really helps that I got to go to be with some peers from AHT to George Brown. (Walter)

In fact, motivations for enrolling in the CHWT program often went beyond simply achieving employment in a certain field of work. Again, reasons revolved around “want[ing] to be something to help out the community” (Tina), as well as to heal individually and collectively:

I needed something positive in my life and to learn a little bit more about myself and my cultural spirituality and also for healing purposes [it's been] a really healing part of my life... And it's really helped me a lot I didn't know who I was, I was really lost with myself when I first came to AHT and I really fought against my people because of what had happened in the RS [residential schools] and I thought all Native people were bad people but it was this program that helped to open my eyes about RS and how colonization and oppression and how internal oppression and assimilation work. (Dawn)

Now [through AHT/CHW] my career path has totally gone in a different direction. So learning about that and seeing that made me want to actually continue with my healing journey. And I think working within the community, working so closely, certainly with my job I'm more focused on spirituality and the traditional side of things has really opened my eyes to a lot of things and

helped me to actually place what I actually value the most, and things that are, that I consider to be important to me. (John)

Healing, creating and benefiting from community belonging – from a necessarily distinctive Aboriginal cultural/historical perspective – were central to learning and facing on-going challenges. It proved central to being able to think about oneself, one's culture and community, and about broader social problems.

Now, I see things I never saw before, like the problems. But then I looked out in Toronto, and 'Oh yeah, there it is!' So, how do we fix it? How do we change it? There it is: change. Change can be done, and I know because I've been through change. I know it can be done. But it's up to the people to do work on it. (Nelly)

With very few exceptions in our research, the CHWT program provided a foundation for asking critical questions about society: e.g. "it just helped me open my mind then see things clear and just question, that was good, questioning (Tracy); or, as Tina noted, "a lot of things were like an eye-opener like what is still going on in society you know, like a lot of racism and a lot of like oppression". And, beyond helping to re-establish individual and collective cultural lives, we argue these are crucial issues in terms of understanding how Aboriginal peoples collectively may challenge oppressions, including those linked directly to poverty while continuing to pursue important training and employment pathways.

In our case study research, the dynamics of reclaiming identity and healing, as necessary to effective collective response, are both distinctive and foundational. Out of these experiences emerged, in other words, a new motivation "to give back as much as I can to the communities here... do a lot of the political type things, [and join] different committees for trying to find a way of helping" (May); or as Dawn put it, to "break things down and to be able to try fight in a positive way like in a positive manner, and learning things, because I didn't understand anything about what was going on".

Program Implications and Challenges

In part, this report offers a summary of the unique Aboriginal cultural and historical approach offered by AHT more broadly as well as the CHWT program specifically. In the basic sense, we discuss aspects of a program that attempts to bridge people to careers in the community health work field. It does this, but as we will note in our recommendations, the program facing continuing challenges in its efforts to achieve these goals.

Briefly several of these challenges can be summarized in the following quotations from our research interviews. Many interviewees praised aspects of the program and specifically spoke about the importance of this group learning. Students both taught and learned important lessons in this context.

I had knowledge of the cultural teachings before I came to that programme. So, what the students wanted to know, I was able to share with them. It was good for me, and it was good to share what I knew. Passing my knowledge on, it feels good.... empowering other people. (Nelly)

This program took me into George Brown, and then once I finished George Brown then I decided to continue on to U of T. It all originated from here. This was the starting point. Now there's no stopping me... The programme itself was great... Out of a 10, I would give it a 12! But we're just lucky that we had such a good group that actually worked together that well. It

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 mix up and what not, the funding and the timing, just everything. I didn't even know I was going to George Brown, and I got letters from them saying that "you've been accepted, come in" and then I had to scramble to get funding. I didn't apply! So I don't know how that happened. It was 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 saying "well, it's not my fault", you know, "it's that person who's in charge of it", and that person would say "it's not my fault, that person's in charge of it"... More coordination.... Yeah, so that was the only thing that I think that I didn't really like about the whole thing. I'm glad I stuck to it, but then, like a lot of people would probably, well they probably did, just walk away from it instead of going through... Because it is hard trying to get funding at the last second, and when it's late you have to borrow money off people to 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. Strengthening and deepening organizational linkages across AHT, CHWT and GBC.

CHWT students and coordinators that were interviewed in the course of this research each spoke to the incredible positive effects of instances which students in the CHWT program developed links and experiences in relation to GBC while they were completing their training at AHT. Likewise, CHWT graduates attending GBC spoke of the positive effects of efforts to support their transition to GBC as well as the importance of maintaining a link to AHT (and the CHWT program as well) even while attending GBC. To capitalize on these positive effects, more systematic attention needs to be paid to formalizing, regularizing and intensifying these linkages organizationally.

4. Continuing and expanding support for Aboriginal students at GBC.

Graduates of the CHWT program enrolled in GBC programs found enormous value in the efforts to support their presence on GBC campus. Our conclusion is that any additional measures taken in this regard would not only benefit completion rates for those who enroll at GBC, but that such measures would likely play a positive role in the confidence and success for AHT CHWT students as well as those potential students considering the CHWT program.

5. Alumni network building

The types of stories that current and past CHWT students told us in our research suggested that expanded and more active engagement with of CHWT alumni in the program could serve an important role in this program. CHWT students would benefit from these alumni concerning such matters as in-program experiences, transitions from AHT to GBC as well as post-program employment and community engagement.

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