NATIVE CHILD AND FAMILY SERVICES OF TORONTO

THE ABORIGINAL PRENATAL NUTRITION PROGRAM

An Evaluation

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January, 1998

TABLE OF CONTENTS

ACKNOWLEDGEMENT

I would like to extend my sincerest thanks to Alita Sauve for her generous help throughout this project.

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INTRODUCTION

This is an evaluation report on the Aboriginal Prenatal Nutrition Program (APNP) at Native Child and Family Services of Toronto (NCFST). The program aims to provide high risk Aboriginal women with knowledge, values and skills related to nutrition, prenatal and postnatal needs. As well, the program is designed to build a supportive network among the women, while facilitating their access to community resources.

APNP was initially planned as a major component of two general parent education programs operating under the auspices of NCFST and the Native Women's Resource Centre. However, after one year of operation, the anticipated funding was cut. This necessitated a scaling down of program activities, making it a less prominent part of the above parent education initiatives. This report documents some of the implications of this cut-back.

Evaluation Objectives

As a small-scale evaluation venture, this project has the following objectives.

1. To describe the program model as it was originally envisioned.

2. To evaluate the implementation of services

3. To analyze the effects of the budget cut-backs on program delivery.

The major implementation challenge after the first operational year is seen as one of adapting to the reality of limited financial resources. How this is accomplished is the subject of much of the analysis.

Evaluation Methods

1. Interviews with staff

2. Analysis of program documents

3. Analysis of service activity data

STATEMENT OF THE PROBLEM

Many Aboriginal families living in urban centers - because of poverty, inexperience, social isolation or structural make-up - are ill equipped to respond to the health needs of their individual members. For children or unborn babies, this is a particularly devastating reality. For cultural community members who believe that children are gifts from the Creator, the prospects of Aboriginal children growing up in an unhealthy environment is both sad and terrifying.

The international community's recognition of the rights of children to health care is formalized in the United Nations Charter:

> ***"The child has the right to the highest standard of health and to medical and rehabilitation facilities"***

Both the federal and provincial governments have provided a policy environment to address the above needs. In 1994, the provincial Ministry of Health, in **New Directions: Aboriginal Health Policy for Ontario**, identified health promotion and nutrition as specific health areas requiring attention. The report acknowledged that

> **"Currently, Aboriginal health workers spend too much time responding to crisis situations. Ideally, they should be spending much of their time addressing health promotion and prevention issues. Health promotion education is needed for Aboriginal and non-Aboriginal health processionals. The province should take a leading role in supporting health promotion programming."**
>
> **(New Directions, P.g. 52)**

Native Child and Family Services, through its Aboriginal Prenatal Nutrition program, recognizes the importance of nutrition for children's health and well-being. Moreover, it recognizes the contributions that families make in assuring that children get what they need, and the devastation that happens when families do not fulfill their function in this regard.

The nutrition component of the program responds to specific family problems. Unhealthy or malnourished babies are at risk of:

- low birth weight
- gestational diabetes
- substance abuse
- early childhood health risks in general
- high infant mortality rate
- fetal alcohol syndrome
- developmental delays

Understanding the social and family context of these potential health problems is an important step in program planning. To understand why these problems occur, planners adopted a holistic perspective, taking into account socio-economic conditions, family life style, their level of health-related information, and psychological make-up. A holistic perspective also assumes an interdependence between these explanatory factors.

First of all, as indicated above, most of the families for which the program is designed are **poor**. Many are on welfare, and are single parent mothers. For this reason, they may lack money for enough food, and find themselves struggling to feed their families on a tight budget.

Another implication of poverty is that some women may be homeless while pregnant, and may have other children in their care.

Related to poverty is the **social isolation** of many Aboriginal parents who are targeted by the program. In Metropolitan Toronto, isolation is common among poor Native women. Many are arbitrarily assigned to public housing projects where they may be the only Native people in the building. The women, and their children, are cut off from the community. As well, many Native women are isolated from their extended families, due to migration, family breakdown, or adoption. Some are former wards of the Province.

Social isolation has numerous effects, effects undermining the parents' ability to access resources and opportunities for helping their children's development. Staff comments include more details:

> ***"Obviously it limits their potential. Isolation and lack of awareness of what's available in terms of education services, etc. creates or perpetuates family stress. For example, they might want to have a job, but they wouldn't know how to access that. The children run the risk of being developmentally delayed when they go to school because they are not socialized like the rest of the children. They are not read to, they are not sung to, they are not involved with other children of their own age other than their own siblings. And that creates a long term detriment to the development of that family as a whole..."***

Directly or indirectly, poverty, social isolation and stress cause many urban Native single mothers to choose or fall into a **life-style** which is unhealthy both for their born and unborn children. Smoking, alcohol, drug abuse, abusive relationships - all of these constitute physical, emotional, mental or spiritual risks for all family members. Family violence is prevalent and highly traumatic for pregnant mothers and their children.

Life **stress** also creates a preoccupation with daily living and problem solving. The mind set that goes along with "getting by" may not allow the young mother to think about her children's long term needs.

"The sheer stress of living in that situation creates biological reactions between the mother and the child. The results are very subtle, traumatic things that occur to the unborn fetus, that won't come up until adulthood.

A core assumption guiding the program - introduced by the staff person in the following quote - is that mothers living in these circumstances **lack appropriate knowledge** to provide for their family's health and well-being.

Thus: ***"most of the program families, including pregnant women, do not understand that they need to have regular monthly check-ups, they need to be monitored, they need to have one ultra sound, they need to have their blood sugars monitored because of gestational diabetes in their community..."***

Finally, as a result of background and circumstances, many of the women come into the program with **low self-esteem**. They may think of themselves as generally unworthy, or specifically incapable of parenting or succeeding in life. Along with low self-esteem, they may be depressed and incapable of recognizing their good qualities and achievements. They consistently interpret their life and their life chances in negative ways. **In summary, the families targeted by this program suffer from ...**

- **poverty**
- **social isolation**
- **unhealthy life-styles**
- **stress**
- **inadequate knowledge of health and nutrition**
- **intergenerational trauma specific to the Native community**

THE TARGET GROUP

Demographic Characteristics

The Aboriginal Prenatal Nutrition Program targets high risk Aboriginal women and children living in Metropolitan Toronto. According to Statistics Canada, more than 40,000 (possibly close to 60,000) Aboriginal people live in Toronto, with 11,000 under the age of 16. A large proportion of the Aboriginal population will be high risk young mothers with young children.

Although generally scattered throughout Toronto, the high risk Aboriginal population of mothers and children tends to cluster where there is affordable housing. Most agency clients in this project live in downtown Toronto. Many also live at Gabriel Dumont Non-Profit Homes, located in Scarborough in eastern Toronto. Gabriel Dumont is an approximate 45 minute drive from Native Child and Family Services, nearly one hour by public transportation.

Socio-Economic Circumstances

What are the socio-economic circumstances of this group, and what issues do they face in their lives? Many of these women are living in poverty, and face such problems as high infant mortality and lower birth weights. As well, the various addictions, violence and chaotic life styles are themes for many. For example, a Native child has a greater chance of being apprehended by a Children's Aid Society than any other child.

Initial planning for this project estimated that as many as 1,000 families fit the above profile, and that an estimated 20% would benefit from the program on an on-going basis. Many of the women are considered at risk when they are pregnant, whether this is due to homelessness, alcohol consumption, social isolation or sheer poverty. These demographic characteristics and family situational factors are, of course part of the problem.

Use of Community Health Resources

Existing nutrition programs in these areas are not used to any real extent by Native women. For example, "The Parents for Better Beginnings Project" in Regent Park (a central Toronto housing project) - although physically accessible to a large number of potential program clients - reports that no Native families use the program.The limited use of main-stream programs by Native people in Toronto reflects an urban pattern across Ontario, first analyzed over twenty years ago by The Ontario Task Force on Urban Native People. These demographic characteristics, coupled with the accompanying socio-economic challenges, have clear and unmistakable implications for this program's content and design.

PROGRAM FOCUS AND STRATEGY

Given the problems and issues of high risk Aboriginal parents, and given the specific assumptions about why and how these needs exist, what is the program focus and strategy? What particular needs are isolated for particular attention? Also, given the client’s circumstances, how is the program organized for maximum benefit?

“ ... in terms of nutrition, our people are not well versed; they weren’t taught what nutrition is, and so they are eating foods that are killing them. And so we thought that we could combat that by teaching them a little bit more about traditional foods as well as what’s available in the non-Native community that is highly nutritious, not too expensive, and

- Program Staff

First, the program aims to change the clients' level of information or **knowledge about nutrition and prenatal needs**. Education and prevention aim to assure that the low risk families do not become higher risk, and the high risk become less of a risk with both their children and themselves.

Secondly, in the program's initial conception at least, an emphasis would be placed on **practical day-to-day skills and knowledge** for enhancing nutrition. As will be described later, this includes cooking skills, and community-oriented activities, such as developing a community garden. Also, an emphasis on developing nutrition-related skills and knowledge would blend **contemporary knowledge with Aboriginal culture,** both in terms of nutrition ideas (e.g. traditional food) and learning methods.

Finally, the program is organized to identify and respond to the **special needs** of the clients. Recognizing that learning may be affected by socio-economic or other life circumstances, the program aims to be sensitive to personal problems and make appropriate supportive interventions and\or referrals.

PROGRAM GOALS AND OBJECTIVES

The specific goals and objectives flow from the statement of the problem and the program foci, as described above. As formulated in the initial program plan, the following are the goals and objectives of the program:

Goal: To achieve the birth and development of healthy babies and mothers among Native women and children considered at risk.

Objectives:

1. **To assure those in most need are served.**

2. **To assess the health of mothers and their babies to determine nutrition and health needs.**

3. **To meet basic food and nutritional needs.**

4. **To ensure appropriate and timely services are provided in all aspects of mother and child health.**

Goal: To improve self-esteem, cultural literacy and competence and control in the mother's care of herself and her child.

Objectives:

1. **To help participants understand and be guided by their culture and teachings on child and family life.**

2. **To provide opportunities for learning pregnancy and aftercare knowledge and skills, and the management of everyday life.**

3. **To increase knowledge and skill in the food selection and preparation, managing on a restricted budget, and being resourceful in tough times.**

4. **To assist participants in their personal struggles and to ensure services are provided consistent with need.**

Goal: To develop a caring community among high risk pregnant women and their children.

Objectives:

1. **To reduce isolation and promote social networks that are healthy and child focused**

2. **To assist participants in using their individual and collective strengths in the management of a stressful life**

3. **To provide opportunities for social and recreational activities focused on fun and relationship building**

4. **To empower participants in controlling their lives and the lives of their children**

PROGRAM ORGANIZATION AND CONTEXT

Agency Partnership

This program is delivered through a partnership arrangement between Native Child and Family Services of Toronto (NCFST), Native Women's Resource Centre (NWRC), and Council Fire. NCFST acts as the main sponsoring Agency.

NWRC and NCFST are the primary deliverers of services to low and high risk Aboriginal woman and children in Metro Toronto. Both have consistently targeted the needs of this population, providing programs that seek to minimize risk and improve the quality of life for their respective program participants. Both have related services and the expertise for working with the targeted population.

Existing Programs

The Aboriginal Prenatal Nutrition Program is in reality a sub-program of two larger programs at NCFST and NWRC. Within NCFST, the Kognaasowin Program strives for the improvement of parenting skills, the strengthening of the parent\child bond, the nurturance of children, enhanced literacy regarding Native culture and the traditional family, and the development of "community" among participants such that self help and mutual aid can become a reality.

Linked with NCFST's Ninoshe Program (A Brighter Futures initiative), and NCFST's Family Services, Kognaasowin targets Aboriginal families across Metro Toronto. The program provides early intervention to families that have been identified by NCFST's case management staff, to prevent the apprehension of their children. A prevention program, it serves those who are most vulnerable and in need.

NWRC currently provides the Pimaatisisiwin program, an initiative with similar objectives as Kognoaasowin. It serves the population who are perhaps less high risk yet have significant needs regarding child and family support. The Pimaatisisiwin program is provided at NWRC's location in Toronto's east end. This program has a number of related services all focused on the improvement of the parent/child relationship and the enhancement of participant self-esteem. Special attention is paid to new mothers; pre-natal classes are offered to pregnant mothers. Well grounded in traditional teachings, specific program activities include a parenting circle, a pre-natal circle, parent relief and a young woman's circle. This program serves approximately 20 woman at any point in time.

The idea of the nutrition initiative is to enhance these existing programs by introducing a strong nutrition component. Working in concert, these agencies strive for early, timely, accessible, and relevant nutrition-based programs for the most vulnerable. Clients will be served in a way that is consistent with their true needs and cultural background.

Additional details on the contributions of the partners, as well as other community resources are provided in the section entitled "Referrals to Support Services".

Locations

Within the larger Kognaasowin Program, this initiative is provided in five groups throughout the Metro Toronto area, one at NCFST's offices in the downtown core and four others in the community. Within the community at large, the program is offered at a number of locations throughout Metro Toronto in order to better insure accessability to a rather scattered population. Locations included the Anishnawbe Health Clinic, Gabriel Dumont Non-profit homes, Jessie's Centre, Neekenaan, and the NWRC. Special sessions were also held at Pedahbun Lodge.

Native Woman's Resource Centre co-facilitated the program within the Pimaatisisiwin program at its location in Toronto's east end.

Staffing

The Aboriginal Prenatal Nutrition Program had one staff person with the position title of "Prenatal\Nutrition Worker". According to the job description the incumbent would undertake the full range of duties associated with the program, including ...

- the delivery of a culture-based prevention program, including assessment, establishing relationships with clients, providing health and nutrition education services, meeting the clients emotional needs, and referral.

- outreach and agency\program representation in the community; administration: maintaining accurate recording and statistical data

- team meetings with staff of Kognaasowin and Pimaatisowin programs; facilitating support services

Although the staff incumbent would give priority to health and nutrition, the program's original conception was to co-lead with the Kognoaasowin and Pimaatisowin staff. With budget cut-backs however, she became the part-time provider of the entire program. As well, she is the Coordinator of the Kognaasowin Program. This program has a staff assistant with child development expertise.

The person hired for the job was an Aboriginal woman - a parent herself - with experience in the nutritional field. Along with other experiences in business and human services, she also brought recent experience working with clients similar in background to those in the program. In fact, in the course of recent employment as a NCFST Family Services Worker Assistant, she had accumulated agency and Aboriginal community experience.

This program was originally part of the NCFST Family Services Unit, but was later transferred to the prevention- and treatment-oriented Mooka'am service unit. The staff participates in regular Mooka'am team meeting, making referrals if necessary.

In addition to the staff person, a nutrition student worked during the summer - researching and preparing program curriculum materials. Her contributions included extensive material on gestational diabetes, teaching methods and tools. She, along with another volunteer, also began the process of networking with other agencies. (See "Community Education and Networking")

Client Organizational Roles

An important organizational principle guiding this program is one of client or community ownership. Clients are encouraged to take ownership of their respective site groups, and provide direction regarding the form and content of each program. For example, clients have the opportunity to contribute to planning, meetings, decision-making concerning learning activities (community garden? food-buying co-op?), traditional teachings, obtaining resource people such as Elders or cultural teachers, and the like.

Participants are encouraged to come forth and ask staff to cover special topics - topics that may not have been anticipated. If staff were not familiar with specially requested topics they would take steps to recruit appropriate resource people from the community. For example, special requests related to culture may necessitate the involvement of Elders. A staff member explains:

> ***"The program ....especially out of Gabriel Dumont, is very much <u>their</u> program. I don't dictate to them what they are going to do. I offer a series of guidelines and things that we might look at and then I say, 'what would you like to learn? What areas are you having difficulty? ... input ... Its very much their program. I plan according to what they need, and the only way I can do that is by keeping a grass roots level, receiving feedback and interchange. This kind of communication gives me the ability to observe the areas of need. That's why the interactive program is so vital; also, I get to see them with their children."***

In theory, community ownership helps assure that client needs are met, that the program is compatible with their life circumstances, and that a commitment to program

success is established. By helping with specific program tasks within a program setting, clients may also enhance their skills and self-esteem, and help build community relationships which extend beyond the program. Communal organizing, self-help and accomplishment are consistent with the traditional aboriginal community norms of equality, and co-operative sharing in common tasks.

CORE PROGRAM ACTIVITIES

Program planners recognized that achieving their program objectives would require an outreach program appropriately organized to locate and encourage participation by those in need. A multifaceted program curriculum was needed, one which blended traditional and contemporary life skill teachings into a practical and interesting learning experience. As well, the program should be organized to respond to the health needs of **individuals** and the **group**, while also promoting appropriate **relationships** among the participants.

This section describes the program's core activities, as these were originally planned. The aim is to clarify what ideally should go into a program like this, as well as indicate how the various activities contribute to the various goals and objectives. Some activities - in content or organization - contribute to more than one objective. Finally, the section describes what services were actually delivered to clients. The information for program activity description was obtained from program documents, staff interviews, and activity forms.

HEALTHY BABIES AND MOTHERS

Working towards the normal and healthy birth of Aboriginal babies, and contributing to the health of the mothers is perhaps the most important program goal. To accomplish this, the program needs to actively recruit program participants, determine their health needs and make sure that nutritional needs are met. As well, the staff needed to identify and respond to special needs.

Recruiting Clients for the Program

An important organizational challenge for any new, or even on-going, program is how to make sure that the persons for whom the program was established become involved as clients. This is doubly challenging when the physical catchment area is as large as the Toronto Area. Potential clients are **physically dispersed** throughout the city and may not be part of the usual service system. Families affiliated with other Native agencies are more easily reached through the Native community communication channels.

Also, there is the question of whether the program is necessarily **valued** by the targeted audience. Is it something that they really want? We cannot assume that the "health, nutrition and fitness craze" that has swept North America necessarily has touched everyone's lives. Valuing health and nutrition, for some, will come through exposure to the program.

Finally, there is the matter of **the Aboriginal identity** of the targeted families, and how it affects motivation to enter an Aboriginal program. The evidence is clear that, for many reasons, Aboriginal people across Canada want their own services. But, this pattern for the "whole" may not be true for sub-groups such as those with mixed ethnic backgrounds, living in urban communities. These and other challenges face developing

programs trying to reach a distinctive population.

Given these challenges, how does the Aboriginal Nutrition Program strategically and organizationally encourage participation in the program? “To ensure those in most need are served” (Objective 1), the program has implemented an outreach strategy through several activities. By and large, a key assumption is that high risk parents can be found through their involvements with helping agencies. Sooner or later, it is assumed, high risk families will become known to existing Aboriginal or mainstream agencies and programs. Outreach activities include the following:

- **communications** to potential client who are on the **caseloads** of, or **drop-ins**, to existing programs: NCFST, NWRC, Council Fire, Anishnawbe Health Clinic, and other non-Aboriginal nutrition programs (e.g. Jessie’s).

- **distribution of** pamphlets and related **outreach materials** to other Native agencies, welfare offices, and the like.

- providing **services at four locations** within the city. Part of the outreach strategy is to encourage pre- or post-natal health program participation by persons who, for whatever reason, may not want or cannot attend this Aboriginal program. This involves helping families in various parts of the city become aware of nutrition programs in their vicinity. The staff obtain packages from these non - Aboriginal programs, and distributes them to prospective Aboriginal clients.

In total, there are four groups a week, involving prenatal, nutritional and parenting learning activities. One-half hour of nutritional education is provided.

Client Characteristics and Attendance

In this section we describe the numbers of clients who participated in the program from September, 1996 to October, 1997. Clients are described in terms of age and monthly attendance. The observations in this section are based on an analysis of staff **activity sheets**.

The following patterns are evident:

1. Forty women **participated** in the program

2. Of these, seven were between the **ages** of 16 and 20, thirteen were 21-25, and twelve were 2

3. The **number of women** attending the **total** number of sessions each month ranged from 5-14, or

4. The total **number of sessions** attended by all 40 women during the fourteen months was 234 or an average of 6 sessions by each woman. (Note: The program is on-going, s

Gathering Information About Clients: The Assessment Function

Depending on their goals, resources, funder expectations or evaluation needs, human service programs generally vary on the amount and detail of information gathered from program clients. At one extreme, management and staff may be content to make assumptions about their clients' specific needs - based on previous experience or research. In these cases, little or no client information is gathered. At the other extreme, detailed information is gathered from each client, initially and sometimes throughout the program. Elaborate intake and\or assessment tools are used.

Client information has several potential uses for program planning, development and delivery. Client information can ...

- alert the staff to broad patterns of need, thereby identifying specific program emphases

- identify specific needs in some clients, suggesting specialized services or attention, through referrals, special attention, individualized service planning, or even customized experiences in the program

- establish the foundation for assessing change in clients as they progress through the program

- make the program more client-driven and generally responsive to unique needs, interests, and life conditions

Depending on the information gathered, it can empower clients in the sense of sharing power and control over the nature of the program, and their experiences in it.

Initially, Aboriginal Prenatal Nutrition Program planners projected an individual holistic nutritional assessment for each person entering the program. The rationale was that the distribution of food and nutritional supplements should be accompanied by a general health educational program in which nutrition through quality food was presented as one of many steps towards health and well-being. To accomplish this, individual assessments would assemble detailed and comprehensive information on participants' health issues, food and eating habits, thus allowing needs-based curriculum development and individual counseling.

As well, the information available through individual assessments would be supplemented by individual health monitoring throughout the program. Those with medical problems would be referred to medical specialists.

Comments like:

"I didn't know there was calcium in broccoli. My child is milk intolerant, I'll give him more broccoli .."

At the beginning, this was done through individual surveys of nutrition-related practices. With budget cut-backs, this type of information was available in two ways: asking each person if they needed help with nutrition and meal planning, or through volunteered information during group discussions.

Substituting these practices for a systematic initial nutrition assessment sacrificed the ability to obtain consistent initial information on every individual, and assure that necessary referrals were made. However, as the staff person said:

> ***" ...We're still able to do that but not in the way we anticipated ... How we are doing that, and it really only works if that person has a Family Service Worker and a Ninoshe... Then they've got three people keeping an eye on them. And if there is a problem identified, then one of us will say, "hello, I've noticed this and what are we going to do about it. If they don't have a Family Service Worker, they may be caught through the Public Health Nurses, whom I've set up through Anishnawbe Health giving birth to check them out and check mom and baby, assisting with breast feeding ... But other than that, that's the only way we can do it ..."***

SERVICE DELIVERY

This section reviews the actual services provided to the clients. The qualitative description of services is based on interviews with the main staff person delivering the program. The observations concerning client access to services comes from the activity sheets on each session. The sections are organized according to goals and objectives.

SERVICES TO ACHIEVE BIRTH AND DEVELOPMENT OF HEALTHY BABIES AND MOTHERS

Meeting Basic Food and Nutritional Needs

As noted, the program strives to contribute to the birth and health of at-risk Native babies and their mothers. It does this first and foremost by assuring that needy families are aware of, and become involved in, the program. Once in the program, staff try to

assess any special health or nutritional needs, for the purpose of providing appropriate consultations or referrals.

Another important means towards the end of healthy babies and mothers lies in the program's efforts to assure that the basic food and nutritional needs are met. This is accomplished through the distribution of food and nutritional supplements.

To assure that both staff and parents benefitted from the best available health and nutrition advice, the program had to avail itself of the most appropriate medical and nutritional consultation. Similarly, the program liaises and partners with the similar and complementary community resources.

Prenatal and Postnatal Education

Prenatal and postnatal education are both important and essential program activities for assuring the sound health and development of babies. **The analysis of service activity sheets confirm that 23 (58%) received pre-natal education, and 16 (40%) received post-natal education.**

Teaching program participants about the essentials of nutrition is an important program component. Recognizing that most participants are poor, such teachings include suggestions about inexpensive, nutritious foods compatible with their life style. Thus, staff ...

> ***" ... try to give them the knowledge of how to increase the nutritional value of their food on a very low budget.... our main concern was to make sure that they have enough education to provide as healthy meals as possible for their family on the lowest possible budget... which is basically a welfare budget..."***

Such teaching happens in several ways. Personal home visits are useful in allowing the staff to observe first-hand the kind of foods in the house. More frequently, staff will gather parents together ...

> ***"... and actually do hands-on cooking workshops and show them how to get the most out of a chicken, how to cook the cheapest cut meat so that it's really tasty, and everyone will eat it. How to mix beans and rice in the proper proportions to get the proper protein, and where to get calcium. Clients sort of vaguely know that vitamin C is in fruits and vegetables. But perhaps they don't know where high sources of other vitamins and minerals can be found ..."***

Nutrition education also is blended with traditional aboriginal teachings concerning traditional foods and their various nutritional values.

Analysis of activity sheets reveal that 22 women (55%) received information on nutrition.

Breast feeding is also an important topic. The program advocates breast feeding in the belief that it is nutritionally best for babies. Like others in the general population, many Aboriginal women are unaware of the health implications for their children. **Analysis reveals that, of the forty women, 16 (40%) received specific information on breast feeding.**

Nutrition education is provided in the context of very practical activities. For example, prior to cutbacks, the concept of the "community garden" and "community kitchens" were important planned parts of the program. This would involve selecting a common garden site where all the women could plant and learn about the various nutritional foods. Staff from Food Share could be involved for consultation and workshops. When produce was available, the mothers would get together, and pick produce. Combining this with shopping, a community kitchen would be created. As well as contributing to nutritional education, these activities would provide important social and economic benefits:

> ***" ... every two weeks, the mothers could get together , pick produce from the garden, as well as perhaps shop for some produce and make copious amount of food and split it up between everybody who participated. At the end of the month they could go to their freezer and instead of having to depend on food vouchers or food banks. They could eat their supply they worked on for the entire month. The last week when everyone has no money or food for their families ... they would have gone to the fridge and there would have been food in their freezer that they had cooked in the community kitchen ..."***

Education and hands-on experience with community gardening was also conceived as a contribution to the eradication of hunger and urban poverty. Following the example of the United States, where whole slums have been eradicated through community gardening, the program hoped to make use of some of the idle land in Toronto.

Meals and Food Vouchers

Through meal and food voucher programming, the program also has taken direct steps to assure that clients obtain nutritious food. Prior to cutbacks, the program offered a three course meal to mothers, children and prenatal mothers. This activity provided a regular source of nutritious food and, as well, helped to motivate people to attend.

The process of preparing and serving meals also provided a natural educational opportunity. By explaining the importance of different foods and the cooking process, staff made the preparation and serving of meals an important part of the education program.

Staff also organized the **food voucher** part of the program to assure basic nutrition for those in need, while providing a learning experience to empower parents to meet their families' nutritional needs. A home visit provides the assessment information to identify nutritional problems that must be addressed in the long run through education within the program. For pregnant women, staff are authorized to distribute food vouchers at their discretion - until the child is six months old. After that, parents having trouble feeding their families will see the NCFST Family Services Worker. In these on-going serious problems, the Worker establishes long-range plans and goals.

Parents are not given full freedom in using their vouchers. When mothers first give birth, staff shop and bring groceries to the home. As the child gets older, the parent and the mother shop together - a practice serving two purposes. Staff assure that vouchers are used for food, and not sold for other purposes. More importantly, shopping outings provide educational opportunities for budget shopping and nutrition. But, as a staff member put it, shopping suggestions and explanations are made ***"gently in a hands-on way ...a very personable way ... a kind of guide towards a more healthy lifestyle."***

Of the forty women, 9 (23% of the total) required food vouchers from the agency to purchase food for themselves and their families.

SELF-ESTEEM, CULTURAL LITERACY, COMPETENCE AND CONTROL

As noted, many of the participants bring to the program a very low self-esteem. They may have a weak sense of their own general competence, despite years of experience managing a household, possibly raising kids, working, or simply getting by in life. Research has shown that persons living in poor and stressful circumstances are more likely to depend on others, having little belief or faith in their capacity to control their own lives.

The Aboriginal Nutrition Program recognizes that the health and well-being of these women - and their children - cannot be guaranteed by nutrition alone. The program is organized to provide opportunities to develop the self-esteem, beliefs in their own competence and general capacity to do things for themselves and their children in the future - and more importantly - beyond the program.

Cultural Activities

" ... and also the more cultural and traditional things, making sure that they are aware of it. I can get them down to the appropriate people to have naming ceremonies done to their children, so that the children are brought into the world in a proper way..."

- Staff

Many internal activities and field trips incorporate cultural and traditional teachings and resources. Having regular meals meets the nutrition goals of the program, and is at the same time consistent with traditional community feasts.

As well, teaching about traditional foods and food preparation goes hand in hand with organizing meals, shopping advice and educating about nutrition. A staff member explains:

> ***"In order for our people to have good health, (we) should seriously investigate the traditional foods and go back to them. I advocate that often. I try and find alternatives within the modern society that will match the traditional eating habits. If we are talking about rice, I'll say 'okay so you can't afford the wild rice, let's face it wild rice is $12.00 a pound or something. Okay, let's consider brown rice. But don't get the white rice because it is all completely processed and all its nutrition is basically removed from it. It puffs up and doesn't have much value in it.' So traditionally and culturally speaking whenever I talk about food I talk about it in traditional base. I talk about the fact that food is medicine. It is the essential part of feeling alive, healthy and capable to tackle whatever the day might be. And it is completely and utterly the foundation of healthier children, physically, mentally, emotionally, and spiritually. So in that respect I speak about nutrition and food strictly from a cultural standpoint. I use the Canada Food Guide in comparison to the Odowa Food Guide."***

The Medicine Wheel

THE MEDICINE WHEEL

"This is an ancient symbol used by almost all the Native people of North and South America ...The medicine wheel teaches us that we have four aspects to our nature: the physical, the mental, the emotional and the spiritual. Each of these must be equally developed in a healthy, well-balanced individual through the development and use of volition (i.e. will)"

THE SACRED TREE

In general, the program planning process and all teachings within the program use the "medicine wheel" as an organizing tool or "mental map". Topics cover mental, spiritual, emotional and physical perspectives.

An example of how the medicine wheel is applied relates to the teachings about food and nutrition. Educating the parents about food and nutrition is often combined with teachings about culture, history, health and illness among Native peoples.

> ***"...for instance white sugar is a scourge of our particular society. Our diabetes levels are way up and we never had diabetes in our culture at all up until the 1920's and 30's when the whole generation of Native people became accustomed to food that was never in their diet. They lived on all the wild game and wild herbs and wild flour sources..."***

> ***"And I will teach traditional foods by region because they are different. I'll talk about what the Ojibways eat, what the Iroquois eat. I'll talk about what Crees eat. I'll talk about what the northern people eat. I'll talk about what the east coast people eat. I get into very historical things."***

Bridging historical and cultural perspectives with practical discussions of food and nutrition illustrates the application of a holistic philosophy in day-to-day program activities. In their learning journey, program participants acquire new knowledge and skills while also strengthening their emotional and spiritual life. A staff member's explanation reflects the wisdom of the medicine wheel:

> ***"I think it contributes more than just to their eating. I think the best way to explain [is to] take the example of the medicine wheel. I think teaching in that style (i.e. introducing historical and cultural information) about that particular subject does this. On a mental level they learn something about themselves as people. Very valid information shows them on the emotional level that we as a people are not what the stereotypes say we are, that we have contributions, we have medical and scientific knowledge that have been here for a long time. Therefore, on an emotional level that feeds the self esteem of people in general. They start to look at themselves differently. 'Well my grandmother when she made that banik and she made it over the fire instead of frying it in Crisco, it was a good thing. Where I come from is a good thing. We talked about the mental and the emotional. On a physical level, when people start to eat better and they learn how to do it and learn how to shop inexpensively, they begin to feel better and they begin to have the energy and the very vital life source energy that allows them to move to the next level whatever it is and whatever place they want to be - as a family, a***

> ***person, whatever. On a spiritual level, it does something else: it honours who we are as a people. Look at our pamphlet - culturally, nutritionally based program. We honour our grandmothers and grandfathers by talking and remembering and sharing that knowledge. It honours them... Honour those teachings of old, bring them to the present and use them for the good of the all. That is what we are here for. That's it in a nut shell..."***

As a planning tool, the Medicine Wheel and its ideas are used in a rigorous fashion. The same staff member describes her planning process:

> ***"Whenever I'm planning a program, it contains a six week session on, and two weeks planning. During the two weeks planning... I try to use a tool, my dear friend Shirley taught me, the mind map. And I always use the medicine wheel in the mind map. It doesn't matter what it is that I am talking about, I'm going to talk about it from a spiritual point of view, from the emotional point of view, the physical point of view and the mental point of view. I will try my darndest and if I can't find all of those components to add into whatever it is I am talking about I won't talk about it. That's a signal to me that I don't have a balance and I can't talk about this, I don't have the whole picture. So then I spend time trying to figure out what that picture is. I'll go and talk to Elders or my supervisor, and if necessary research other avenues."***

The Circle

The talking circle was a traditional way of organizing important community discussions. Aboriginal people across North America have adopted this way of structuring interaction. The following quotation conveys the practical use of the circle in the program. At the same time, the deeper symbolic aspects are communicated, and the the relationship and community principles that are important for the women in the program.

> ***"In every group there is a time period set aside for group participation. At that time, people can share their opinions with the circle for everyone to look at and decide whether they want to try that or not, as an option to a possible solution in your own life. That option is there for them to look at. I encourage discussions, and they support each other. It's interesting, if you provide a place of safety within a circle where there is respect and trust and you establish that right from the beginning and you work on it and you feed it and nurture it like a garden ... spontaneously. People become much more involved in the circle, and say 'By the way ...' (to so and***

> ***so on the other side) ...that happened to me three years ago and this is what I did about it.' And you leave it at that. Then the support system and the networking between the parents becomes a viable thing. My goal is to provide a circle of safety and respect and confidentiality. The key is to make everybody aware that what they hear in the circle stays there, particularly if someone shares something that is deeply personal. The exception is anything that is obviously traumatic to children"***

The circle, with its norms of respect and mutual participation, gives everyone an opportunity to contribute. And - because the participants learn, and eventually share the circle's cultural history - there is an additional layer of pride and community togetherness. The resulting network extends beyond the program, and is both useful and culturally bonding. Though simple in its structure and operation, it symbolizes "who we are" as Native people.

Elders lend a strong cultural component to the program, through their teachings and their presence. By their actions, they symbolize and demonstrate how those with practical experience and wisdom are beneficial to people's lives. More than a source of useful knowledge - they establish a structure of relationships with the community at large. This is a special kind of structure, for it's authority is honored as a traditional arrangement.

In the Aboriginal Nutrition Program, Elders come from the immediate community (i.e. from Gabriel Dumont Homes) and from outside the city:

> ***"One Elder doesn't live in the city. She's from up north and she comes in once a month. I refer people to her because of her incredible kindness and her ability to work with people and stay with it 'til that person feels comfortable enough to leave and go on to the next thing. She is amazing. But in terms directly with the program ... there is a women who lives out at the project who has volunteered her services. She's a grandmother of twenty-four who comes and sits in our circles at least once a month out there to offer her suggestions and guidance and answer questions, and just give her life-long knowledge about children. Something she is committed to and something that we asked her to do. And she did it and is doing it on an on-going basis."*** **(Staff)**

The involvement of Elders, and indeed other local resource people, is what makes the program a tool for prevention in a broad sense. Participants begin to see the natural community as a strong viable presence in their lives.

> ***"...that's the whole point. This isn't always about an agency. I see Kognaasowin as a preventative measure within the child welfare***

> ***system. I also see it as a way of empowering families to become fully healthy contributing members of their community by taking whatever seeds or whatever they might learn and share with us, taking it outward and going and doing whatever it is they do with their life."*** **(Staff)**

The Aboriginal Prenatal Nutrition Program illustrates an important principle, namely the unique cultural significance of community relationships. Restoring community in the lives of people is not distinctive to Aboriginal people, for it is an important principle in many mainstream "self-help" programs. However - by linking community with stories from the past and by involving Elders in the present - the idea and actions of community are given a much stronger aura of respect.

Community is useful for isolated people in need, and therefor can be justified on practical grounds alone - much like mainstream programs. Aboriginal programs like APNP, however, aspire to raise the meaning and actions of community to another level. For Native people, community sharing, mutual support and membership becomes imbued (through teachings, stories and symbolism) with strong respectful attitudes. These attitudes approach the sacred, for they are associated with past survival as a people. The "meaning" of community is different - and potentially more powerful.

Community Education and Networking

The program offers education and awareness to relevant community programs (e.g. prenatal and parenting classes) concerning both the nature of the program and important cultural differences concerning the Aboriginal community and family life. In all, twenty-one agencies, including "Women in Transition" and "Breaking the Cycle", have received mail-outs and telephone contacts.

Family and Parent Support

Finally, the program is organized to respond to the life stresses and problems in living of high risk Aboriginal women. The families differ in the nature and severity of their problems, and their own natural coping skills and resources. Program participants obtain support through the relationships within the program, the availability of program and agency staff with family support experience and skills, and the opportunity for referrals to other community resources.

Analysis of the program's activity sheets revealed that nearly one-half of the women received specific support within the program for a variety of personal, parenting and family problems. As a strong indicator of the program's capacity for personalized support, **a full 35 or 88% of the clients received on-to-one support for problems affecting their parenting and family life.**

What were the prevalent support issues? Specifically, within the broad category of

holistic health:

- **6 (15%) received support in handling issues around child abuse**
- **2 (5%) were helped with spouse abuse problems**
- **3 (8%) required help with their substance abuse**
- **10 (25%) were supported in their efforts to heal relationships within their families**
- **3 (8%) needed support to help their teenage children in matters of sexuality**
- **16 (40%) required help with other parenting challenges**

Home Visits

Family and parental support is also provided through personal home visits from the program staff. In comparison to the group and networking atmosphere of the educational sessions, home visits afford an opportunity to build a relationship, assess the personal needs of clients and respond in a private setting. Through home visits the client has the opportunity to raise questions, and learn the application of principles learned in the group. Personal issues may relate to both the information or the group process.

Analysis of activity sheets show that, prior to the Christmas break (1997) 6 or 15% of the clients received a home or hospital visit while in the program. Although program staff made most of these visits, nurses may also be called in through referral. Inspection of records for January, 1998, 15 of the current case-load (40) have received such visits.

In some serious cases, the staff will use the resources within NCFST, or in the community at large. We now turn to referrals.

Referrals to Support Services

A holistic service philosophy recognizes that clients have many “selves” and that their lives are made up of several roles. As indicated, many of the women attending this program live in stressful circumstances or carry the pain of past stresses and crises into their present dysfunctional lives. Although educational in focus, the program is also organized to respond to their emotional, material and spiritual needs. In this way, the women are helped to benefit optimally from their learning and socializing opportunities. As well, through partnerships with other agencies and programs, program staff are able to make the referrals and support their involvements, hopefully keeping an orderliness in their participation in several service programs.

For extra support, the program and its staff function as a liaison between the clients and the broad network of community resources. Whether such resources involve consultation on gestational diabetes, breast-feeding or public health visitations, the program provides the opportunity to identify the need, make the referral and the support the clients as they make contact with outside resources.

During the fifteen months under consideration for this evaluation, 11 of 40 women were referred for special services. Referrals were made to Anishnawbe Health, NCFST Family Services, Nekenaan, and food banks. Referrals to Anishnawbe Health were made primarily for check-ups and home support visits by the staff nurse.

THE CARING COMMUNITY

An earlier section sketched the life circumstances of typical clients in this program. Clients are often single mothers living in poverty. More often than not they have lived highly stressful lives and continue to do so. They live in isolation, removed from the usual sources of help and support. Because of their isolation and their limited resources, these women do not have the recreation and other socializing opportunities that provide opportunities for relaxation, fun and a chance to meet others.

The persistence of these socio-economic circumstances and life routines can be a threat to the health and well-being of these families. Children, in particular, are very vulnerable. The best intentioned nutrition education program only meets some of the needs.

Although well documented, such conditions are difficult to eradicate. It is possible, though - and this program strives to do so - to make changes in some aspects of people's lives in order that they become more resilient. They ***can*** have people to turn to, with the confidence and skills to take actions that may make their lives better.
What is required is a new set of relationships in people's lives, in which people are committed to helping each other through sharing their lives as parents, and the wisdom they have gleaned from their experience.

Recalling the caring community objectives, the program aims ...

- to promote child-focused social networks
- to help participants manage their stress
- to provide opportunities for social and recreational activities
- to empower clients

Child-Focused Social Networks

Program activities are structured to create a natural network of parents who, even in the absence of staff, will get together and talk about parenting. This likely happens best at Gabriel Dumont Homes where all parents live in the same building. Program activities take place on site in a space set aside specifically for weekly program activities. An Elder who lives in the apartments attends each meeting, and establishes herself as a community resource. During meetings, participants are encouraged to share ideas and develop trust in each other as valuable sources of parenting and nutrition information. The leader's style reinforces the idea that important knowledge is available from the group **(See quotes on page 29).**

Stress Management

Within the Aboriginal Prenatal Nutrition Program, the clients receive many opportunities to understand and deal with the stresses in their lives. Most of these we have touched upon already. To summarize, program participants deal with their stress through ...

. interaction with women in similar circumstances

. teachings from staff, Elders, and referred specialists

. one-to-one support from staff and specialists, during or after sessions, or during home visits

Whereas group interaction and home visits provide concrete examples for managing their personal issues, teachings in the program provide the general **principles** for responding to stressful situations at other times. In this way, the clients are empowered - a subject to which we now turn.

Empowerment

The empowerment of disadvantaged people can come from changes within themselves, from new relationships and participation in groups, and from continuous and broad engagement with a community at large. This program provides the opportunity to empower the client in all these ways.

The program brings people together into a supportive peer network of those in similar circumstances. Through conversation and emotional attachment, each woman may learn that she is not alone, and can draw from the wisdom and experiences of others. **Over a fourteen month period, two hundred and thirty-four group sessions were held.**

Through referrals, guests, field trips and participation in a larger Aboriginal agency, program participants learn that Aboriginal people have a presence in Toronto. They learn that it is possible to have a life "over and above their individual circumstances", that they can enjoy themselves and receive help - a sense of community in every sense.

Many women in the program were give the opportunity - through personal or group support - to develop a better awareness of dysfunctional family relationships, and what it takes to change or remove themselves from them. Developing a more positive self-esteem is an empowering learning process, for it is a catalyst to risk-taking, assertiveness and problem-solving. Finally, as we said above - the learning of principles (of parenting, family living, stress management) is an empowering process, for it equips the client to deal with pressures in all its manifestations.

Social and Recreational Activities

Since the budget cut-back, community-oriented social and recreation activities have been curtailed. Even so, an effort is made to introduce socials at the time of all personal celebrations, such as birthdays. As well, four traditional seasonal feasts were held at the Gabriel Dumont complex. All learning events, despite serious subject matter, provide opportunities for fun and relaxation. To quote: ***"Humour is one of my most important tools"***

PROGRAM CHALLENGES

The Challenge of Partnership

Aboriginal programs across Canada, in both urban and reserve settings, are learning that successful initiatives require collaboration and co-operation between programs and entire agencies. This is true both from an economic point of view and from the logic of community development. And - as was indicated earlier - the idea of "community" for Aboriginal peoples holds a special meaning, bordering on the sacred.

From the outset, the Aboriginal Nutrition Program, like other local programs (e.g. Aboriginal Head Start) relies on a partnership arrangement. And - again, like other initiatives across Canada - making the partnership concept work has been a challenge. What are the strengths and weaknesses?

The partnership has been useful as a vehicle for helping families access the program. Referrals from other agencies have been forthcoming, including referrals from the Plato Program at Native Women's Resource Centre:

> ***"There was staff involvement through the Plato Program...a program for women to develop upgrading and increase their skills for employment eligibility ... 90% of them are parents. They were encouraged to come to the family support circle..."***

Also, resource people on staff of other agencies have been very useful to the program. Fortunately, the former Co-ordinator of the Kognaasowin Program is on the staff at Anishnawbe Health, and she proved to be an important source of information and support to present staff. Responding to a question about the use of resources at Anishnawbe Health, a staff member replied:

> ***"I have tremendous amount of networking and partnership going on with Anishnawbe Health. [They have] ... kindly offered their nurse to us. She comes with me to do the well baby check-ups for new-borns. She is ready and available for advice whenever I need it around any particular health issue with a new born."***

The staff recognize that the bridges between Toronto's Aboriginal agencies must be as strong as possible. Recently, there are signs that this commitment is paying off. From January 27 to March 3, 1998, a family support circle will be offered as part of a "Trilogy Program to Strengthen the Family" . This component, provided by NCFST's Kognaasowin staff, is an important part of the Native Women's Resource Centre's Pimaatisiwin Program.

The Challenge of Community Ownership

Throughout Ontario and indeed in the rest of Canada, Aboriginal community organizations and groups are making great strides in involving community members in the community-building process. As indicated in the recent Royal Commission, "people involvement" is viewed as a strategic part of community healing , as well as a way of mobilizing local resources for the essential tasks of community re-building. The recently launched Aboriginal Head Start Program identifies "parental participation in planning, development, operations and evaluation" as a core program principle.

Like most Aboriginal community initiatives across Canada, the Aboriginal Nutrition Program experienced the challenges of grass-roots parental ownership. Reflecting on her experiences so far, a staff member says:

> ***" These grass-roots front-line programs don't happen overnight...in fact, if you take the example of other programs within NCFST, it has taken Kognaasowin three years for the parents to reach a stage of program ownership... where full participation is a reality and not a concept."***

To empower clients requires first of all some notion of why parents are as they are. Secondly, based on this notion, staff adopts a certain style or technique for bringing the parents along.

How do staff account for the challenges in involving parents as originally envisioned? What interpretations do they make of the long passage of time before clients take on the

organizational roles? What are some dynamics of empowerment?

> ***"The difficulty in the beginning was that there were so many barriers, especially for the young ones. Historically, nobody asked them what they want. Nobody asked them what they thought. They were born into a position in their life where mainstream institutions, including so-called well-meaning government and religious organizations, made decisions which in the long term didn't serve them. This state of affairs did not create self, family or community esteem. The thought of even suggesting anything does not really come to them because they are in a defeated state. They go: 'Nobody will bother'. It takes a long time to get through to a group of ... Native people. Especially ones who have been in foster care, have had all manner of traumatic things go on in their life. Trusting for them is a big step."***

This staff account stresses the past experiences of some clients, experiences in which their treatment from others has lowered their self-esteem and ability to trust. Staff strategies for empowering the parents flow directly from the notions of trust, and the goal of establishing trust, first by creating a sense of safety.

> ***"First of all, let them trust you. The way to do that is to create an environment where they can feel safe, and where they can come and BE. And sometimes that means that they will come and not do anything for a year, but they will come and then you have an opportunity to work with them.... Co-operative and flexible helping styles amongst staff is a must for them to sort out what they need. This is not a popularity contest. This is about getting people to feel safe, and providing time and space ..."***

Again:

> ***"It takes a long time. We have a saying around here: 'You walk softly and you carry around a really big feather and you just gently caress people and gently keep saying the same message over and over ... new and unique ways of saying it each time, and just the same thing over and over. Like being a school teacher - repetition, the same thing, say it in a good way, say it in a new way. Make it fun, do whatever it is you have to do to get the message across".***

Walk softly. Carry a big feather. Repeat and try different approaches. And be ready for anything ...

> ***" [It takes] a tremendous amount of patience. Can't have any expectations when you are running this program because you can go in there fully prepared to run a program and one person will show***

up. Or, you may show up and be fully prepared and there is ten people sitting in front of you, and one has a crisis that needs addressing immediately. You just can't tell, you sort of have to be ready for anything."

Challenges Related To Budget Cuts

" ... we don't in effect have a prenatal nutrition program anymore. I mean, we do, we have what I can give - which is 1\4 of my time. I would have liked to have given 100% because I know I could have made some real impact there in terms of bringing holistic medical people, providing some real concrete prenatal classes, once a week ... Now I don't have the money or the time."

After the first year of the Nutrition Program, the budget for that component was cut by 75%.. The broader program - Kognaasowin - continued, with the staff providing a modified version of nutrition education as part of that program. Generally, though, several planned activities were deleted from the program.

" The only disappointment was that we had such a big cut to our funding and a lot of what we wanted to do we are unable to..."

Lunches

Cut-backs meant that the regular provision of lunches had to be dropped from the program. As a consequence, parents and children missed at least one fully nutritious meal a week, prepared and presented in a relaxed sociable atmosphere.

As well, dropping lunches removed the opportunity for hands-on staff demonstrations and client participation in the preparation of nutritious meals. Such illustrations allowed parents to familiarize themselves with nutritious foods and how to prepare then for maximum nourishment on a low budget. Experiencing and contributing in group situations contributes to the development of a commonly shared set of attitudes and values within a natural parent sub-culture.

Fortunately, there were sufficient funds to continue the practice of providing food vouchers to pregnant women living in particular poverty and nutritional deprivation.

Field Activities

Adapting to budget cut also meant reducing hands-on field activities, even though staff still tried to make clients aware of useful activities related to nutrition:

"...there is no way I can do anything on community gardening. I can

> ***talk about community gardening, and I do in my classes. We can talk about live gardening which is growing sprouts and seeds in your kitchen as a way of getting cheap sources of high nutrition for your family, with vitamins and minerals. However, taking a site and providing gardening education, through Green People to Food Share, and creating a community garden in conjunction with a community kitchen is now out of the question financially. I can't do it. "***

Establishing community gardens can be a complex and costly process. Steps had been taken before the funds were cut. The Property Manager at Gabriel Dumont Homes had agreed in principle to the program's use of an area close to the housing project. Beyond that, though, funds were needed to buy tools and seeds as well as hire advisors to help organize the program.

In an informal way, then, staff attempted to share ideas rather than organize practical experiences, concerning the potential of community gardening - " ***just to get them to start thinking 'This is a possibility' and ... 'there is information out there and there are places you can go to learn how to bring that about'...".***

The community garden concept as a hands-on learning experience has not been entirely put to rest. Volunteer donations of tools, for example, are being considered - although this too requires staff time, which is in short supply because of over-all client increase at NCFST.

Meanwhile, the staff continues to provide a scaled-down version of the program. For example, to supplement the attitudes and values relevant to nutrition, some simple skills are taught:

> ***"Encouraging them to do balcony gardening in small containers and giving them information about what kinds of food would do well in small containers ... and yet we could have made such a large dint in one community ..."***

Even though the content of the teachings could still be conveyed, the practical community experiences, the demonstrations and exposure to community resource people were reduced. These are the expensive and time-consuming activities.

Another comment on dropping community experiences:

> ***" I would like to be able to go on outings with the parents and children ... I can't do that very often because it costs money. I would have liked to take them on, say, a tour of Anishnawbe Health [or] Native Women's Resource Centre, to the Zoo or Science Centre, out of town traditional ceremonies, etc. - providing healthy stimulation***

to the mother's life, and to the children's lives as well..."

Home visits

Finally, the budget cut-backs lessened the opportunities for personal home visits. Yet, home visits are still high on the workers' priorities. Before cut-backs ...

> ***" I could actually be doing home visits on a regular basis, weekly. Maybe two or two and a half days out of the week I was on the road, visiting all the new moms. Now, I'm out there every two weeks. "***

What was missed? From a staff view-point, the home visits are an essential part of the program:

> ***" [Home visits] would provide information. It would reduce the isolation that the new mothers feel. It would ensure that at least one worker could see that the child was ok, that the mother was ok, that the rest of the family were ok. Basically keeping contact so that you could see with your own eyes, hear with your own ears, the body language .. everything ..to make sure everybody was ok. We are dealing with high risk families here. That's why we are here. There is no way for me to know that now, because I don't have the time or the resources to go and do that. I'm basically down to, instead of giving 100% to prenatal nutrition, I'm down to giving 1\4 of my time to that."***

Did decreasing regular home visits place the clients at complete risk of not being identified when problems occurred? Not really, for according to the staff interviewee:

> ***" We are still able to identify family problems as we always have through NCFST's Family Services, and family support workers (Ninoshe Program). However, our ideal would be a full-time prenatal worker specializing in that area. The existing Family Service and family support workers are already stretched to the maximum."***

CONCLUSIONS

In conclusion, the Aboriginal Prenatal Nutrition Program adapted to the reality of budget cuts and continued to provide an important learning and community experience to high risk parents. As indicated throughout this report, program and organizational opportunities are in place for realizing all goals and objectives in the original plan. Moreover, the staff have clear ideas concerning their clients' issues and needs, and the appropriate helping techniques.

The numbers of clients that had been anticipated for the program exceeds the numbers actually participating, despite a multifaceted strategy for promotion and recruitment. Funding cut-backs have reduced the allocation of staff time to promotional work.

Adaptation to financial cutbacks meant that the nutrition program generally ceased to exist as a separate entity. Without its own identity - and the requisite time and resources - the program became a somewhat scaled down image of an original vision.

Instead of scrapping the nutrition program entirely, though, staff offer a scaled-down version as one component of the larger parent education program. They continue to teach and reinforce the values of health through nutrition, and expose clients to a variety of relevant life skills.

Staff retained their monitoring function, though in a less personal way. They relied less on home visits, and more on their communications within the network of helping professionals, inside and outside the agency. Program clients continue to have opportunities to have their family and parenting needs met.

Although the message of good nutrition continues to be conveyed, several important opportunities were sacrificed...

- the opportunity to gather first hand individualized information concerning the nutrition habits of all new clients in their natural home surroundings, and reinforce a

relationship with them

- the opportunity to reinforce NCFST's larger prevention mission, by remaining accessible to the Aboriginal community's vulnerable families - young isolated, highly stressed, poor single parents with limited parenting expertise

- the opportunity to integrate isolated single parents into the wider community through field trips, hands-on interaction with other community resource people, and building new friendships and supports.

- the opportunity to teach practical skills for building health; the community garden as an urban form (with such learning modes as observation, demonstration, and practice) is consistent with traditional community practices.

- the opportunity to provide parents and children with varied stimulations throughout the Aboriginal community and beyond.

With a more appropriate funding base, this program has the potential to far exceed its current accomplishments. A staff comments:

> ***"To enhance the existing high standards of service delivery by NCFST, a fully funded prenatal nutrition program has the potential of addressing problems before they take root. The long-term effects on the community are obvious .... a decrease of future high risk families and increase of balance in an urban community struggling for emotional, physical, mental and spiritual health."***