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Ontario **Midwives**  
*Delivering what matters.*

# Supporting clients living in poverty



The previous version of this resource was authored by midwives Amy Nelson and Vicki Van Wagner, with contributions from Cherylee Bourgeois. This update has also been adapted, with permission, from the Centre for Effective Practice (November 2016). Poverty: A Clinical Tool for Primary Care Providers. Toronto: Centre for Effective Practice.



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# Midwives can **intervene**

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**SUPPORTING CLIENTS LIVING IN POVERTY**

# 1 Understanding poverty as a **risk factor**

*In Canada, 13.8% of children up to age five live in poverty. (1)*

Clients who live below the poverty line experience higher rates of chronic health conditions that can affect pregnancy, such as cardiovascular disease, diabetes, hypertension and mental illness.

This is due to several factors including inadequate housing and nutrition, unemployment, chronic stress, insufficient social and income supports, and structural barriers which impede access to appropriate health-care and support services. (2,3)

Systemic inequities, discrimination and oppression increase the prevalence of poverty among: Indigenous, Black and racialized people, transgender and nonbinary people, single parents, people with disabilities, immigrants and refugees. (1,4)



Despite recent increases in social assistance, inflation pressures on food and housing costs have left families worse off since the pandemic. Pregnancy offers midwives an opportunity to connect clients with other agencies and programs to support their primary care needs.

A 2018 study found that giving low-income pregnant people an \$81 supplement each month improved clinical outcomes such as lowering rates of preterm birth. (6) Small interventions can have a significant impact on client care!

# 2 Screen everyone

*ASK: "Do you ever have difficulty making ends meet at the end of the month?"*

Question in the Ontario Perinatal Record



## ASKING CLIENTS:

- Is food available to you every day? At the end of the month?
- If you have extended drug coverage, I could write a prescription for prenatal vitamins/iron supplements/vitamin D. Would that be helpful?
- Is it okay if I contact your caseworker to set you up with a travel stipend?
- Do you need me to sign your special-diet forms?
- Do you have a car seat?
- Where are you staying right now?
- What have you eaten this week?



## ASKING YOURSELF:

- Why are you asking?
- Do you give context or an explanation for your questions?
- Are you respecting the client's dignity?
- Do you recognize the possible stigma of asking for or accepting help?
- Are you passing judgment or making assumptions?
- Are you using a trauma-informed approach to build trust?



## AFTER ASKING:

- What relevant supports or referrals can you offer?
- Are you familiar with social assistance programs such as [Ontario Works \(OW\)](#) and the [Ontario Disability Support Program \(ODSP\)](#)?
- When suggesting interventions, did you consider costs for things such as medicines, alternative therapies or transportation to appointments?

# 3 Midwives can intervene

**Social prescribing** describes the different ways that health-care providers can address the non-clinical influences on health. Using this approach, health-care providers can connect people to non-medical services that can improve health and well-being. Here are some practical tips to link clients to resources that support their social, mental and physical well-being. (7)



## BE PROACTIVE

Clients are unlikely to self-identify as living in poverty. Midwives should proactively discuss and offer resources without judgment.



## TAXES

Ask clients if they have filed their income taxes, which makes them eligible to receive child tax benefits. Check [Benefits Wayfinder](#) to find out if they may be eligible for additional benefits. Find a free tax clinic near you [here](#).



## PUBLIC HEALTH

Complete the [Healthy Babies, Healthy Children](#) (HBHC) form promptly (question 26) to initiate a referral to various resources. Indigenous families can also access the [Indigenous Health Babies, Healthy Children](#) program.



## CV BILLING

Track time to support clients living in poverty and use [caseload variable](#) (CV) billing to be compensated for this important work.



## WARM CONNECTIONS

Cultivate relationships with social workers at the hospital where you have privileges, public health nurses, and community pharmacists. These relationships make it easier for midwives to connect clients directly to services.



## HOUSING

Ask clients about their social supports, supports at home, and if they need help finding a place to stay. Find a shelter [here](#).



## CHILDREN'S AID SOCIETY

Anyone involved with Children's Aid Society is entitled to a lawyer. Find one [here](#).



## COMPUTERS

Clients may access computers and the Internet from their community library. Some libraries will lend laptops or share Wi Fi hot spots.



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# Practices can intervene



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**SUPPORTING CLIENTS LIVING IN POVERTY**

# Practices can intervene

Here are some tips for practices to think through the resources that can be offered to clients and consider ways the group can advocate for clients' unique needs. This encourages a practice culture of non-judgmental care without assumptions.



**DISCRETIONARY FUND:** The MPG can set up a discretionary fund to collect donations that can go towards supporting clients, or work with local hospitals to coordinate one, as hospitals can issue tax receipts to donors. Community organizations and clients are welcome to contribute to the fund.



**CLINIC INTAKE:** Update intake processes to prioritize lower-resourced clients.



**APPOINTMENTS:** Consider drop-in clinic days, after-hours appointments, home visits or longer appointments to accommodate clients.



**TRANSPORTATION:** If clients have a hard time getting to clinic, offer public transit tickets or passes, or taxi chits; or tell them about the transportation allowance available from OW/ODSP. Shared ride services and/or subsidized ride programs may also be available in your municipality.



**FOOD INSECURITY:** Offer clients snacks in the waiting room, grocery gift cards or provide a list of [food bank locations](#), meal programs or community gardens. A nutrition allowance is available for clients on OW/ODSP, including coverage for formula.



**COMMUNICATION:** Plan communication with clients when they lack reliable access to a phone. It may be difficult to contact them, especially once their minutes are used up or if they share a phone. Consider safe alternatives.



**FORMS:** MPGs can create and keep up to date [template letters](#) for filling out OW/ODSP forms as well as guidelines for when to call case workers directly.



**PRESCRIPTIONS:** Depending on the client's drug coverage, offer prescriptions for over-the-counter medications so they'll be paid for. You can search [drug benefit lists](#) to find what is covered. Clients age 24 years and younger can access medications through OHIP+.



**COMPASSIONATE COVERAGE:** Reach out to pharmaceutical companies to inquire about compassionate coverage (e.g., Duchesnay for Diclectin).



**DONATIONS:** Collect and distribute gently used clothes and baby supplies or direct clients to resources in their community (e.g., Facebook Marketplace, online buy and sell or buy nothing groups).



**WARM CONNECTIONS:** Relationships with community health centres and other organizations can also help support timely referrals and access to resources.



**CLINIC STAFF:** Consider client interactions with support staff and ensure administrators are also trained, including with prospective clients.

# Accessible prenatal education

Practices can create a list of resources such as prenatal classes that are free or offered on a sliding scale. Identify supports that address further barriers, such as child care and transportation. The following list can help midwives and clients find available classes. Click on one of the boxes below for more information.

The **Ontario Prenatal Education Programs Directory** lists local prenatal classes.

The Toronto Birth Centre offers online prenatal classes for parents. Email **programs@torontobirthcentre.ca** for dates by month.

**Best Start** provides client resources on pregnancy and parenting.

**OMama** is a week-by-week pregnancy guide developed by the Better Outcomes Registry and Network (BORN) Ontario.

The AOM has resources for choosing **place of birth**, including out of hospital births.

The **MotHERS Program** curates pregnancy and postpartum information for families.





# Parenting supports

Midwives can promote a sense of belonging and address social isolation by being familiar with local community resources for clients. This can be done passively, by posting a flyer in your clinic or creating a resource list; or actively, by telling clients about parenting groups, referring them to family support services or letting them know about community organizations such as the YMCA/YWCA that offer subsidized memberships. Find more local resources that may be available:

NAME/LINK	DESCRIPTION
211	A community connector will help clients find specific social services and programs such as housing/shelters, or city programs
<a href="#">Community Health Centres</a>	Provide health services in communities across the province, particularly for under-served populations
Domestic Violence	Offer resources for clients experiencing domestic violence. <ul style="list-style-type: none"> <li>• <a href="#">In Ontario</a></li> <li>• <a href="#">Across Canada</a></li> <li>• <a href="#">App that supports clients experiencing DV</a></li> </ul>
<a href="#">Family Service Ontario</a>	Find specific Language, culture and faith-based organizations in this directory
<a href="#">Healthline</a>	Find health services in your area with this directory
<a href="#">Indigenous Friendship Centre</a>	Offers programs and services in the community, as well as providing a place of acceptance and well-being for Indigenous peoples
<a href="#">Indigenous Early Years Supports</a>	Find prenatal, postnatal and early years support for Indigenous women, children and families in your area
<a href="#">Innovative Supports for Black Parents</a>	Find parenting programs specifically tailored for Black parents from this curated list
<a href="#">Jordan's Principle</a>	Contact staff in your area to coordinate funding, care access and ensure no delay or denial in care, services of supports for Indigenous children.
Legal Aid	Provides clients with access to legal aid and lawyers <ul style="list-style-type: none"> <li>• <a href="#">Law Society of Ontario</a></li> <li>• <a href="#">Finding legal help when you can't afford a lawyer</a></li> </ul>
<a href="#">Mino Care</a>	Formerly Mommy Monitor, specifically supports racialized families on their parenting journey with culturally safe care and resources.
<a href="#">Ontario EarlyON Centres</a>	Offer a range of service and resources for families and children and are open to all families in Ontario.

NAME/LINK	DESCRIPTION
<a href="#">Public Health Units</a>	Find local perinatal, parenting and early childhood supports and resources
<a href="#">Public libraries</a>	Public libraries offer supports that may be relevant for clients including parenting programs, internet access, seed libraries, staff social workers, settlement services, menstrual products and COVID tests.
<a href="#">Teen and young parent agencies</a>	Find relevant agencies and resources in this directory.
<a href="#">VHA Homecare</a>	Provide homecare, including for clients in the postpartum period. Clients can self-refer

**Jordan's Principle** is named in memory of Jordan River Anderson, an infant from Norway House Cree Nation in Manitoba. Jordan had complex medical needs and spent his short life in hospital, caught up in a federal-provincial jurisdictional dispute over responsibility for funding his care. According to Jordan's Principle, the government that is first contacted for a service available only off-reserve must pay for it upfront and seek reimbursement for the expenses later. Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can be obtained for a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit, and LGBTQQIA children and youth, and those with disabilities may have. (8)



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# Supporting clients receiving **social assistance**

SUPPORTING CLIENTS LIVING IN POVERTY

# Support clients by **being aware about available benefits**

Clients may not be aware of all the benefits available to them. Midwives can support clients by learning about [Ontario Works \(OW\)](#)/[Ontario Disability Support Program \(ODSP\)](#), and sharing relevant resources.



*“Only one-third of OW recipients filed an income tax return.” (9)*

After filing taxes, clients may receive income from:

- Canada Child Benefit
- GST/HST credit
- Ontario Trillium Benefit
- Canada Workers Benefit
- Canada Dental Benefit

**1**

## **Familiarize yourself**

with the benefits available to pregnant clients and new parents. Eligibility often depends on tax filing. Many communities offer free tax clinics to assist with filing taxes.

**2**

## **Remind clients about tax filing**

If clients on OW/ODSP need to catch up on filing, you may obtain tax information by contacting their case worker to request T5 slips for the relevant years.

**3**

## **Know what to ask**

Awareness of these benefits can help you proactively ask and offer to sign forms and provide documentation without the client needing to ask.

## Social assistance programs in Ontario

Ontario has two social assistance programs to help **eligible residents of Ontario** who are in financial need.

- **Ontario Works** (OW) helps people in temporary financial need.
- The **Ontario Disability Support Program** (ODSP) helps people living with disabilities.

Both OW and ODSP involve mandatory and discretionary benefits.

- **Mandatory benefits** are paid to all eligible recipients of OW/ODSP throughout the province.
- **Discretionary benefits** are provided on a case-by-case basis and are administered by municipalities. The benefits available to your client may vary according to where they live or how their caseworker interprets and approves benefits.

Find out how uninsured clients can apply for OW/ODSP at the **Health Network for Uninsured Clients** (HUNC).

*A single person living on OW receives up to **\$733 per month** and a single person living on ODSP receives **\$1308 per month (2024)**. These benefits are intended to cover basic needs such as housing, bills, and groceries. (10)*

# 3 Additional benefits and eligibility criteria

## Non-Insured Health Benefits for First Nations and Inuit

<b>ELIGIBILITY</b>	<p>The Non-Insured Health Benefit (NHIB) is additional funding for Indigenous clients with status. It is one their treaty rights. If the client is supported by OW/ODSP, accessing those benefits first is easier. However, helping clients access both is beneficial. For example, NHIB offers coverage that OW does not, such a longer list of medications, mental health services, transportation, medical equipment, formula and chest/breast pumps.</p> <p>Children under two years of age whose parent is NHIB eligible may also access coverage. After turning two, children with can status can continue with NIHB.</p>
<b>HOW TO ACCESS</b>	<p>Clients show identification that confirms their eligibility, and care providers can bill directly. However, if health-care providers are not registered with NHIB, the client must pay up front and submit claims for reimbursement.</p>
<b>RESOURCES</b>	<p><a href="#">Submitting a claim</a></p> <p><a href="#">Where to call for approval</a></p>

<b>Canada Child Benefit (CCB)</b>	
<b>ELIGIBILITY</b>	<p>A top-up payment for OW or ODSP clients prenatally and in the postpartum. A tax-free monthly payment to help families with the cost of raising children. The amount received varies by family size and income.</p> <p><b>Clients must:</b></p> <ul style="list-style-type: none"> <li>• Live with a child under 18 years of age</li> <li>• Be primarily responsible for the care and upbringing of the child</li> <li>• Client and client’s spouse or common-law partner must also be one of the following:               <ul style="list-style-type: none"> <li>» a Canadian citizen</li> <li>» a permanent resident</li> <li>» a protected person</li> <li>» a temporary resident who has lived in Canada for the previous 18 months, and who has a valid permit in the 19th month other than one that states “does not confer status” or “does not confer temporary resident status”</li> <li>» an individual who is registered or entitled to be registered under the Indian Act</li> </ul> </li> </ul>
<b>HOW TO ACCESS</b>	<p><b>Register the birth:</b></p> <ul style="list-style-type: none"> <li>• Birth registration is often done at the hospital or birth centre</li> <li>• The online 5-in-1 newborn bundle, which sets up documents and child benefits, requires a credit card to complete: <a href="#">Register a birth</a> (new baby)</li> </ul> <p><b>Apply for the Canada Child Benefit as soon as possible after:</b></p> <ul style="list-style-type: none"> <li>• The child is born</li> <li>• The child starts to live with the client</li> <li>• The client begins to have shared custody of the child</li> </ul> <p>If the client did not register at birth or did not file their taxes, they may have difficulty accessing CCB and may need additional support from their midwife, social worker or tax clinic. Processing takes about eight weeks before clients will receive benefits.</p>
<b>RESOURCES</b>	<p><a href="#">Canada child benefit (CCB)</a></p> <p><a href="#">How do I apply for child tax benefits?</a></p>

<b>Pregnancy/infant-feeding nutritional allowance</b>	
<b>ELIGIBILITY</b>	<p><b>Nutritional allowance:</b> OW recipients receive \$40 (or \$50 if lactose intolerant) per month during pregnancy and for the first 12 months of nursing.</p> <p><b>Chest/Breastfeeding allowance (postpartum):</b> Recipients can continue to receive this benefit until the child is 12 months old.</p> <p><b>Formula allowance (postpartum):</b> If formula is used, the client will be eligible for a monthly special diet allowance of \$145 (or \$162 for lactose-intolerant babies). A midwife’s note is required to confirm that a client is not chest/breastfeeding.</p> <p>Providers are paid to complete these forms. Therefore, midwives may collect the fee by sending invoices and decide to set the money aside to help with expenses for under-resourced clients.</p>
<b>HOW TO ACCESS</b>	<p>The caseworker will give clients Form 3109: Application for Pregnancy/Breastfeeding Nutritional Allowance. Clients have their midwife complete the form, confirming pregnancy and due date.</p> <p>If a Pregnancy/Breastfeeding Nutritional Allowance Form was filled out during the pregnancy, verbal confirmation from the parent that they are chest/breastfeeding is required.</p> <p>If an Application for Pregnancy/Breastfeeding Nutritional Allowance was not completed during pregnancy, it can be filled out postpartum.</p> <p>If the parent is formula feeding, they will need to contact their caseworker to request a form to apply for the formula allowance.</p>
<b>RESOURCES</b>	<a href="#">Pregnancy and breast-feeding nutritional allowance</a>



<b>Medical transportation</b>	
<b>ELIGIBILITY</b>	<p>Transportation costs for medical treatment are paid when expenses exceed \$15 per month.</p> <ul style="list-style-type: none"> <li>• Travel may be for attendance at medical appointments, including rehabilitation, a healing lodge, psychological counselling, drug and alcohol recovery groups or for other medical or health purposes.</li> <li>• A monthly payment equivalent to a transportation pass can be issued if the participant is required to attend ongoing appointments for medical or health purposes.</li> </ul> <p><b>Ambulance transport</b></p> <ul style="list-style-type: none"> <li>• OW recipients are exempt from the \$45 ambulance co-payment.</li> </ul>
<b>HOW TO ACCESS</b>	<p>Verification of each appointment must be provided to the client's caseworker. Midwives can proactively offer appointment verification to clients.</p> <p>Midwives can write letters on clients' behalf detailing all the appointments related to pregnancy and health care clients are attending per month, which will facilitate access to the transportation allowance.</p> <p>Clients who are transported by ambulance will receive a hospital bill in the mail asking for payment for the ambulance fee. OW/ODSP clients must fill in information on the invoice about being on OW/ODSP and the ambulance fee will be waived.</p> <p>Some municipalities have a low-cost transit pass for people below a certain income. Reimbursement is also possible for taxis or gas and parking.</p>
<b>RESOURCES</b>	<p><a href="#">Ontario Works Health benefits Letter Template</a></p>

<b>Drug coverage</b>	
<b>ELIGIBILITY</b>	<p>Prescription drug coverage is available, though not all drugs are covered.</p> <ul style="list-style-type: none"> <li>• Midwives can look up the OW drug list to see what is covered and adjust prescriptions accordingly: <a href="#">search here</a>.</li> <li>• Clients may have limited supplies of over-the-counter medications such as ibuprofen or acetaminophen. Midwives can write prescriptions for over-the-counter medications, such as prenatal vitamins, antifungal agents or postpartum pain relief, so clients may not have to pay out of pocket.</li> <li>• For accessing coverage for <a href="#">diabetes related supplies</a>.</li> <li>• Pharmacists are knowledgeable about alternatives to medication by coverage. For instance, all-purpose nipple ointment is not covered, but two of the ingredients are if they can be applied alternately. Physicians can use limited-use billing codes for necessary drug coverage to ensure access for patients. Midwives may need to coordinate with a physician to make a case for coverage.</li> <li>• Nicotine replacement therapy can be accessed free of charge through Cancer Care Ontario and other smoking cessation initiatives.</li> <li>• Clients 24 years or younger who are not covered by a private plan with OHIP are eligible for coverage for various drug products under <a href="#">OHIP+</a></li> <li>• Coverage for contraception is also available. Coverage varies by province and may evolve over time.</li> </ul>
<b>HOW TO ACCESS</b>	<p>OW recipients must present their Ontario health card to a pharmacist with their prescription. Those without a health card can use other forms of government identification.</p> <p>Drug cards continue to be issued for recipients whose OW is provided by designated First Nations Ontario Works delivery partners.</p> <p>Clients with the Interim Federal Health Program may access coverage for medical supplies and equipment as well as prescriptions.</p>
<b>RESOURCES</b>	<p><a href="#">Ontario Works Health Benefits</a></p>

## Dental coverage

<b>ELIGIBILITY</b>	<p>Adults receiving OW may have access to some dental coverage, but the amount is not described on the website.</p> <p>There may be discretionary funds for adult coverage if emergency dental services are needed or to enhance employability.</p> <ul style="list-style-type: none"> <li>• Some municipalities provide access to free dental care for qualifying families.</li> <li>• Midwives can share information about which dentists in the region accept OW/ODSP coverage and direct clients there.</li> <li>• Public health units often have dental resources such as teeth cleaning and screening clinics. Children are eligible for additional dental services.</li> <li>• Public dental coverage is expanding access for Canadians, including infants. Eligibility and coverage is evolving as this becomes implemented.</li> </ul>
<b>HOW TO ACCESS</b>	<p>Clients can ask their caseworker about accessing discretionary funds. Dental coverage is not clearly specified.</p> <p>Midwives may have to find local dentists who are used to working with OW/ODSP. Similarly, midwives may help clients find dentists that have opted into public dental coverage.</p>
<b>RESOURCES</b>	<p><a href="#">Ontario Works Health Benefits</a></p> <p><a href="#">Canada Dental Benefit</a></p>

## Vision coverage

<b>ELIGIBILITY</b>	<p>Routine eye examinations (once every 24 months) are covered for adults receiving OW.</p> <p>There may be discretionary funds to cover the cost of eyeglass frames and lenses, repairs and replacements.</p>
<b>HOW TO ACCESS</b>	<p>Clients must bring their Ontario health card or other form of government identification or statement of assistance when visiting the optometrist.</p> <p>Clients can ask their caseworker about accessing discretionary funds.</p>
<b>RESOURCES</b>	<p><a href="#">Ontario Works Health Benefits</a></p>

Employment and participation benefits	
<b>ELIGIBILITY</b>	Funds to help cover costs associated with beginning or changing employment or employment assistance activities, such as transportation, clothing, grooming, supplies and childcare.
<b>HOW TO ACCESS</b>	Clients can ask their caseworker about accessing these benefits.
<b>RESOURCES</b>	<a href="#">Ontario Works Employment and Participation Benefits</a>

Transition child benefit	
<b>ELIGIBILITY</b>	<p>The Transition Child Benefit is mandatory funding provided to those on OW/ODSP who have primary or shared care for a dependent child and who are not receiving the Ontario Child Benefit or Canada Child Benefit.</p> <p>They may receive the Transition Child Benefit (\$230 per month per child) while waiting for the Child Tax Benefit.</p>
<b>HOW TO ACCESS</b>	<p>Clients do not need to apply for the Transition Child Benefit. If they are eligible, the benefit will be added to their OW/ODSP payment. Clients can talk to their caseworker about the benefit.</p> <p>To receive the Transition Child Benefit, clients must be trying or have tried to get the Ontario Child Benefit. Their caseworker may ask what steps they have taken to do this.</p>
<b>RESOURCES</b>	<p><a href="#">Ontario Works Transition Child Benefit</a></p> <p><a href="#">Can I get the Transition Child Benefit? – Steps to Justice</a></p>

Other benefits	
<b>ELIGIBILITY</b>	<p>An allowance to buy essentials, including a crib or clothing, may be available in some municipalities (e.g., Toronto). Midwives may need to provide documentation for their client to receive this benefit.</p> <p>Other discretionary funding may be available to help cover the costs of baby supplies or a chest/breast pump. Amounts vary by municipality.</p>
<b>HOW TO ACCESS</b>	Clients can ask their caseworker about accessing discretionary funding.
<b>RESOURCES</b>	<a href="#">Ontario Works Other Benefits</a>

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