

# Kris Nelson Community-Based Research Program

*...a program of the Center for Urban and Regional Affairs (CURA)*

## INDIGENOUS EVALUATIONS: FOSTERING A HEALING COMMUNITY

Prepared in partnership with  
AIN DAH YUNG CENTER

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**INDIGENOUS EVALUATIONS:  
FOSTERING A HEALING COMMUNITIES IN THE CONTEXT OF COLONIALISM**

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## EXECUTIVE SUMMARY

The Ain Dah Yung Center (ADYC) is one of the first culturally-relevant emergency shelters for American Indian youth in Minnesota. In 2009, ADYC began to redesign and implement a culturally-relevant evaluation model. The research project funded by the CURA-Kris Nelson Community-Based Research Program had the goal of developing evaluation mechanisms and tools that are consistent with ADYC's evaluation matrix, that are done in a culturally-appropriate way, and that measure the impact ADYC programs have on the holistic success of American Indian youth and families. This includes the following objectives:

- Conduct a literature review of Indigenous evaluation and measures
- Develop evaluation tools
- Implement a sample study that will exhibit initial outcomes

This report is the work produced by the graduate researcher Scott DeMuth during Summer 2014. This accomplishes the first objective of conducting a literature review of Indigenous research and evaluations. In looking at the literature on Indigenous and decolonizing methodologies, research, and evaluations, important concepts are highlighted that should assist in the evaluation's development and implementation. This includes a discussion and deconstruction of the "Indian problem," which is a discourse that situates problems within the Indigenous individual and/or community. Research and evaluations should be conscious of this tendency, and they should actively work to situate social problems within broader social and systemic issues, most important of which is the historical and continuing legacy of colonialism.

Additionally, this report sets the ground for the second two objectives. It begins the development of evaluation tools that are culturally-relevant and decolonizing. This discussion is carried out in the last two sections where the Medicine Wheel is discussed as a multi-level framework for logic models, program evaluations, and personal assessment. Ultimately, it is a tool that should assist in ADYC's goal of fostering a healing community. In this regard, this paper should be viewed more as an interim report more than as a final report. It is only a benchmark in an on-going process, a process which will include the final development and implementation of evaluation tools during Fall 2014.

The work in the Fall semester will include:

- ❖ **Continued development of evaluation tools, specifically based around the holistic model of the Medicine Wheel**
- ❖ **Implementation of a sample study of the Medicine Wheel Evaluation at the Emergency Shelter.**

## I. INTRODUCTION TO ADYC INDIGENOUS EVALUATION PROJECT

Ain Dah Yung (Our Home) Center (ADYC) is a culturally specific service agency that provides comprehensive support services to American Indian youth and families in the Twin Cities Metro Area, Minnesota. First established as a satellite project of a larger parent organization in 1983, it began operating as a distinct, independent, state-chartered non-profit corporation in January 1992. Its mission is: *To provide a healing place within the community for American Indian youth and families to thrive in safety and wholeness.*

As part of its recent strategic planning process ADYC articulated a set of core values along with five strategic goals. The statement on core values is as follows:

“Ain Dah Yung Center is a cornerstone place for community healing. We are committed to ensuring that American Indian youth and families in the Twin Cities area retain access to their indigenous rights of community belonging and cultural identity.”

The following values guide our actions and decisions:

- Safety always comes first
- We treat each other with love, kindness, respect, and dignity
- Native languages, traditions, spirituality and storytelling are the keys to healing and thriving in our community
- We act with integrity and accountability as careful stewards of community resources
- Humor and humbleness help us weather many storms and keep perspective
- We empower all to dream, set high standards, and achieve.

To animate these values within its mission ADYC’s strategic direction between 2013 - 2015 is stated as follows:

- I. Ensure that Native youth thrive in Native families.
- II. Continue to establish and implement a development plan to increase donors, major gifts, and establish events.
- III. Continue to increase our community presence and connection with partners and systems.
- IV. Continue to develop a model of service delivery and evaluation rooted in Native culture.
- V. Continue to cultivate and develop Native leadership in the organization and community.

The current programming at ADYC focuses on the following five areas:

### Emergency Shelter

The Emergency Shelter provides culturally specific emergency shelter to American Indian youth who are homeless, runaway, in a family crisis, or involved with juvenile corrections. Services include: emergency and short-term shelter, crisis intervention, case and systems advocacy, information and referrals, access to medical/dental care, counseling, case management and community education. The Ain Dah Yung Center is the only 24-hour emergency shelter facility for any youth in Ramsey County and the East Metro, and is the only American Indian youth emergency shelter available to American Indian youth in the Twin Cities metro area.

### Ninjanisag Program • “Our Children”

The Ninjanisag Program is a multifaceted program focusing heavily on engagement and prevention – working to ground youth in Native culture while designed to combat chemical and commercial tobacco abuse, teen dating violence, gang relations, sex trafficking and other self-compromising behaviors among at-risk youth between the ages of 10-17. Through opportunities for community involvement, leadership development, culturally specific health education, and cultural enrichment activities, Ninjanisag develops interpersonal competencies and strengthens the skills our young people need to become community leaders and mentors for other youth.

### Oyate Nawajin • “Stand with the People”

Oyate Nawajin Programs are designed to keep American Indian families together and strong by providing the knowledge, skills and resources they need to provide a safe, stable environment for their children. Programs include:

- Ramsey County Children’s Mental Health Case Management: Provides support, case management and assistance in coordinating resources for families with children who have mental health needs.

- Family Preservation and Reunification: Our Family Advocacy Program uses traditional American Indian beliefs and an asset-based approach that builds on the strengths of families and was established in response to the disproportionate placement of American Indian children outside the home. We provide family preservation and reunification services that combines self-help, professional intervention, and cultural reinforcement in order to strengthen families experiencing a process of family reunification and/or stressful parenting situations. Our family advocacy program supports families through group learning, increasing positive social networks, connecting families to cultural teachings and healing, case management, appropriate referrals, resource acquisition, and general family support.

- Indian Child Welfare Legal Advocacy/Compliance (ICWLAC) Project: was created to enforce local compliance with the federal Indian Child Welfare Act (ICWA). ICWA was created to prevent the dissolution of American Indian families and to reduce the number of American Indian children in out-of-home placement. The Ain Dah Yung Center’s ICWLAC Project provides court monitoring on cases involving American Indian children, legal representation to American Indian families (through a collaboration with SMRLS), and education/outreach to identify systemic problems and strategize on solutions regarding ICWA compliance.

### Street Outreach Project

The Street Outreach Program provides street-based support to runaway or homeless youth unable or not wanting to enter a shelter. Case workers provide information on safe housing, basic needs resources and health related issues. They also provide health and personal care supplies, food and access to transportation. Youth are provided with drop-in services where they can eat a hot meal, do laundry or shower.

### Beverley A. Benjamin Youth Lodge

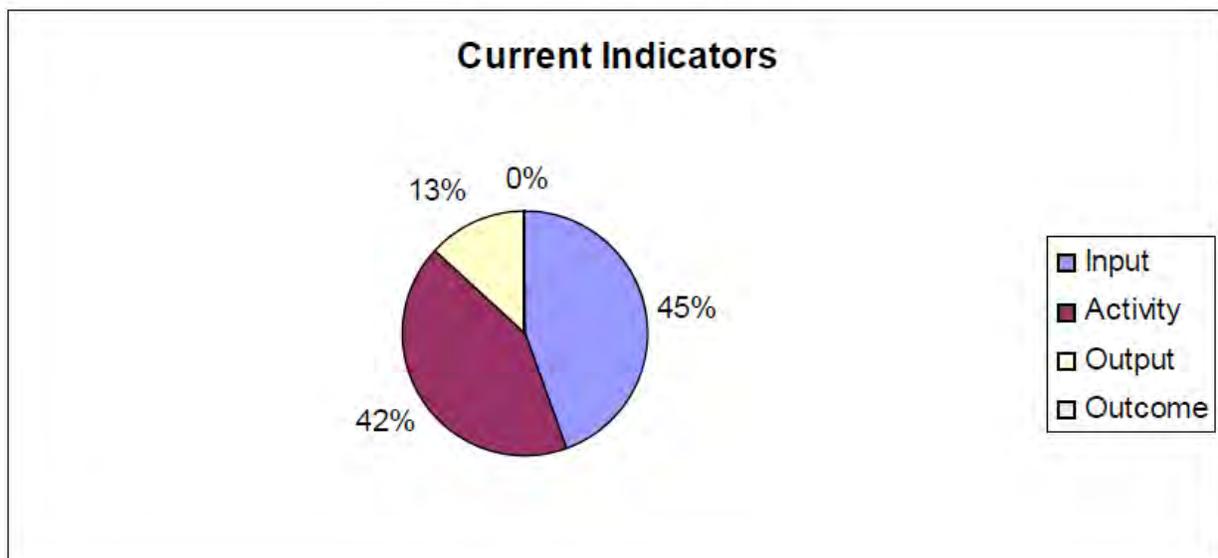
The Beverley A. Benjamin Youth Lodge is a culturally grounded transitional living program available to youth between the ages of 16-20 that have no parental substitute or foster home to which they can safely go. This intervention program emphasizes training, education and employment goals and is designed to develop a support system to meet holistic needs of body, mind, and spirit. Youth Lodge services emphasize the relationship between youth and positive role models (staff and elders) to teach new behaviors, learn appropriate ways to express feelings, and manage everyday living. Creating community and cultural connection helps tap the inner strengths of youth to better educate them for independent or inter-dependent living – helping to break the cycle of homelessness. 90% of youth who come to the Youth Lodge finish high school, continue their education, become self-sufficient, and finally leave homelessness behind them.

## Current Evaluations

The evaluation process currently employed at ADYC has been used with little variation for over the last decade. It was designed to capture participant input and output data, monitor program activities, and client satisfaction. Most of this data is information that has been largely prescribed by ADYC's funders, and allows for ADYC to report to its funders on how many youth and families were served, the demographic data of its clients, the number and type of services or activities provided, and the overall satisfaction of clients. Additionally, the information in annual and semi-annual evaluations is used by staff in community and professional presentations for the social benefit of the organization (Nielsen and Zimmerman 2009).

The graph below illustrates the indicators measured by the current evaluation process at ADYC. While the survey regarding the evaluation instruments was collected in 2009, the evaluation process has remained rather unchanged. The majority of the indicators are input and activity measures, recording what activities or services are provided and the demographics of the clients they serve. There is no evaluation of outcomes for the clients at ADYC. Additionally, culturally specific measures of success were absent.

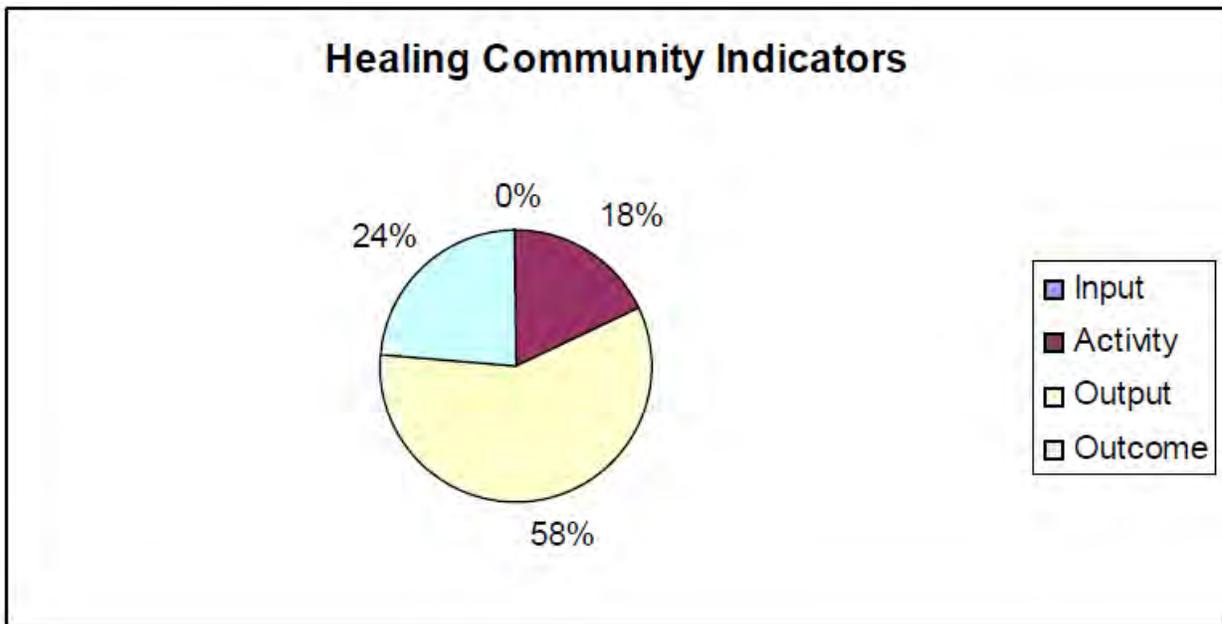
**Figure 1: Current Evaluation Indicators (Nielsen and Zimmerman 2009)**



## ADYC Evaluation Matrix

In 2009, ADYC hired consultants Nielsen and Zimmerman to help develop a culturally-sensitive evaluation protocol. The consultants met with ADYC leadership, local elders, and members of the local American Indian community to develop the new evaluation process, what measures should be included, and also the goals of the evaluation process. The evaluation protocol was based on ADYC's goal of creating a healing community, and the consultants collected 43 statements that had the potential to measure progress towards this goal (**Appendix**). These measures were also analyzed to determine which type of indicators they represented (input, activity, output, and outcome).

**Figure 2: Healing Community Indicators (Nielsen and Zimmerman 2009)**



While ADYC's previous evaluations were guided primarily by funders and focus on input and activities (Figure 1), the evaluation indicators defined by community members as measuring a healing community (Figure 2) included no input indicators and only 18% of the indicators measured program activities. The majority of the indicators defined by community members include output and outcome data. It is worth noting that input indicators are important

for measuring changes among clients, but in order to measuring a healing community, evaluations will need to include more output and outcome indicators.

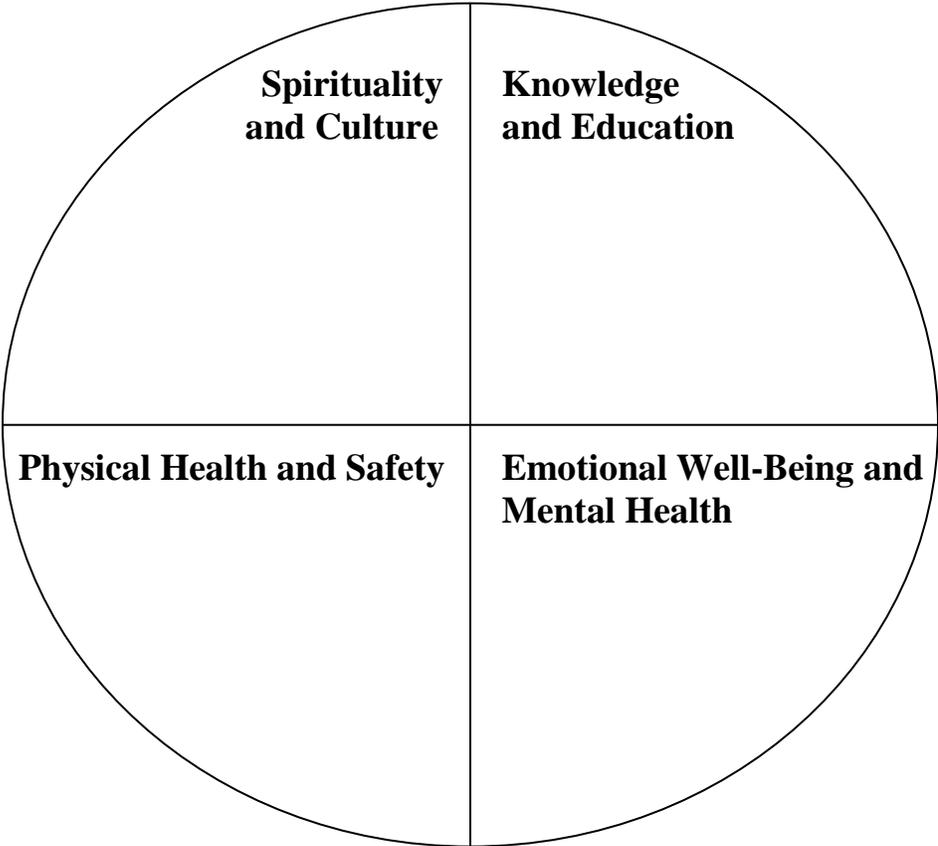
Additionally, members of the steering committee proposed culturally-specific activity indicators. More than just measuring the type and numbers of activities for funders, members of the steering committee focused on specific indicators such as: ceremonies, song and dance, “smelling our medicines,” etc. These measures are culturally integral to the community, but they do not fit neatly into the programs and requirements of grants.

There was also a marked difference in the type of outputs being measured. The current evaluations focus on feelings, self-perceived increase in knowledge and cultural awareness, and client satisfaction. Members of the steering committee indicated outputs such as “trusting relationships”, “laughter”, and “respect.”

Out of this work, Nelsen and Zimmerman created a matrix of possible measurements within this proposed evaluation protocol. There are several challenges in implementing this evaluation protocol. Like many American Indian organizations, ADYC has limited financial support, especially for conducting evaluations. As such, the evaluation process should prove efficient enough that it will enable ADYC to report accurately to funders, as well as measure indicators that match its goals of becoming a force for community healing, all without creating additional tools on top of current data collection activities.

The proposed evaluation matrix included four main indicators of a healthy, healing community: Spirituality and Culture, Knowledge and Education, Physical Health and Safety, and Emotional Well-Being and Mental Health. These four indicators correlate rather well with the four sections of the medicine wheel, a fairly prominent cultural symbol; for many First Nations people, the medicine wheel has a multitude of meanings, including serving as a symbol of a

balanced life, fostering the Spiritual, Mental, Emotional, and Physical elements of the human condition. In fact, the original consultants had anticipated that the evaluation matrix could be translated into the format of the Medicine Wheel:



### **III. INDIGENOUS AND DECOLONIZING METHODOLOGIES**

As an organization that routinely serves the American Indian population of the Twin Cities, Ain Dah Yung Center's programs are based within cultural traditions and values. Since 2009, the organization has made concerted efforts to develop evaluations that incorporate indigenous values and perspectives, thereby creating an Indigenous-based evaluation process that would produce a greater congruency between the organization's work, values, reflections, and visions.

Indigenous approaches to evaluation have not been well documented in the literature on evaluations. While there are a number of scholars who have written about evaluations at a theoretical-level or as case studies, there are few sources that provide an analysis of the interaction between theory and practice. Practical resources are needed to provide organizations with the strategy, tools and models of praxis to develop appropriate, culturally-responsive, and decolonizing evaluations.

What evaluation scholars have written on Indigenous and culturally-responsive evaluations includes an emphasis on respect, reciprocity, participation, and communal relationships; an understanding of context, including relationships, place, space, and time; and valuing Indigenous epistemologies or ways of knowing (LaFrance 2010; 2004; Nichols & LaFrance 2006; Taylor 2003).

While evaluations often prioritize the interests of sponsors and funders, Indigenous and culturally-responsive evaluations must focus on an evaluation process and products that have been defined as useful for the organization, its programs, and the community it serves. For these evaluations to take seriously understandings of context, including relationships, place, space, and time, they must also acknowledge the context and destructive effects of colonization of

Indigenous peoples and communities, and in order to respond to this context, the evaluation must further the goals of self-determination, sovereignty, and liberation.

As will be described below, the context of colonization is essential for not only the theoretical understanding of the problems that Indigenous communities are confronted with, but acknowledging this context is essential to developing appropriate solutions. This, after all, is the goal of evaluations: to assess and improve programming, which should be solutions.

While there is a lack of literature on Indigenous evaluations, there is a growing field focused on Indigenous research. Many of these scholars, activists, and community-members' research closely align with the discussion of Indigenous evaluations, particularly those that are participatory or community-based in nature. While much of this literature is useful in thinking about and developing Indigenous evaluations, the central difference between the two is that positivist research seeks to "prove", while evaluations seek to "improve." However, while the two may ask different central questions ("How do we revitalize our language?" vs. "What makes this language program effective in producing speakers?"), the two may share many of the same epistemologies (ways of knowing) and methodologies (how you know), as well as the shared understanding of context and colonization and the shared goals of self-determination, sovereignty, and liberation.

The themes of the literature on Indigenous approaches discussed in the Interim Report produced for the Ain Dah Yung Center are closely related to the three components of Indigenous evaluations as laid out by Katie Johnston-Goodstar (2013):

1. Centrality of Indigenous worldviews
2. Participatory inquiry/evaluation, and
3. Relevance and service to community.

## **Deconstructing the “Indian Problem”**

One of the common themes shared in literature on Indigenous research, methodologies, and evaluations includes the centrality of Indigenous values and worldviews. Further, given the history of colonization of Indigenous Nations, this includes an explicit examination of the historical, political, social, and cultural effects of colonization, as well as their effects on present social conditions.

Linda Tuhiwai Smith (2001) articulates the differing perspectives of researchers and Indigenous people on the impact of the West on indigenous societies. In academia and among researchers, this history has generally been theorized as:

- 1) Initial discovery,
- 2) Population decline/cultural demise,
- 3) Acculturation,
- 4) Assimilation, and
- 5) Reinvention as hybrid, ethnic culture.

Most of the research of Indigenous people is centered in a framework of “cultural demise,” and also this research occurred (and still occurs today) while Indigenous people’s “lands and resources [were/are] systematically stripped by the State; were becoming ever more marginalized; and were subjected to the layers of colonialism imposed through economic and social policies” (Smith 2001: 88).

While Western research on Indigenous peoples has often focused on cultural demise, the heart of the Indigenous research projects, which includes community programs and their evaluations, is one of survival, recovery, and most importantly, self-determination. In addition to proving that Indigenous approaches to programming are effective, decolonizing evaluations and methodologies aim to re-center ourselves within our own lands, reestablish the normality of us and our perspective, and reinforce self-determination (Kawakami et al. 2007).

One of the most significant differences between these two perspectives is the myth that Indigenous people represent “problems” to be solved, and who require the assistance from external and colonial experts (Cochran et al. 2008). This takes form in the focus of research, studies, and evaluations, often in ways that are oblivious to well-intended but naïve researchers. This includes studies that focus on illness rather than health (Wilson 2009), as well as evaluations that frame Indigenous communities and programming through deficit-based rather than value-added evaluations. What makes this research and these evaluations problematic is the assumed and taken for granted link between “Indigenous” and “problem” (Smith 2001: 92).

Smith identifies the links between the historical oppression of Indigenous people and modern research agendas through an examination of the “Indian problem” (2001). The concept of the “Indian problem” originates as a militaristic and political concern during European expansion into Indigenous territories. Indigenous people were blamed for not accepting the terms of their subjugation, and so the colonizer punished these populations through military and political measures to either exterminate or remove Indigenous peoples.

While the concept is not used as explicitly, the concept of the “Indian Problem” continues to be at the heart of many programs, studies, and policies in education and health. In the 20<sup>th</sup> Century in the U.S., these policies included boarding schools and the forced sterilization of American Indian women as late as the 1970's.

This legacy of the “Indian Problem” is still reflected in contemporary policies, programs, and research which effect Indigenous communities. While rates of diabetes, obesity, alcoholism, homelessness, and suicide are highest for American Indian communities - policies, programs, and research assume that these problems are inherent in or rooted within the Indigenous individual or community, rather than with social and structural issues as a result of colonization

(Smith 2001). It is assumed that the problem is or within Indigenous communities and the implication is that these communities are incapable of solving their own problem.

Kawakami et al. (2007) cite the example of how this legacy arises in the evaluation of government policies and their impact on Maori educational outcomes. The evaluations depict Maori students as being two and half times more likely to drop-out or leave school early, which places the problem as originating with Maori students. Instead, Kawakami writes that “the New Zealand education system is two and half times more likely to fail Maori students than non-Maori students.” This is a fundamentally different understanding of the origin of problem and how it should be addressed.

Smith (2001) provides a guideline for Indigenous research projects by articulating a different perspective on the West’s impact on Indigenous peoples as:

- 1) Contact and invasion,
- 2) Genocide and destruction,
- 3) Resistance and survival, and
- 4) Recovery as Indigenous people.

This research agenda is described by four Indigenous research projects:

- 1) Healing (physical, spiritual, psychological, social);
- 2) Mobilization (local, nation, region, global);
- 3) Transformation (psychological, social, political, economic); and
- 4) Decolonization (political, social, spiritual, psychological).

These four projects occur through four levels or tides:

- 1) Survival,
- 2) Recovery,
- 3) Development, and
- 4) Self-determination.

## Insider/Outsider Dilemma and Participatory Evaluations

Program evaluations are defined by the systematic collection of information about the input, activities, output, and outcomes of programs, in order to make decisions regarding program content, its effectiveness, and to inform future programming (McNamara 2008; Morelli and Mataira 2010; Patton 2002). The purpose of evaluations may be (McNamara 2008; Patton 2002):

<i>Summative:</i>	determining program effectiveness
<i>Formative:</i>	program development and improvement
<i>Action-oriented:</i>	focused on solving a specific problem
<i>Developmental:</i>	geared to altering interventions as needed
<i>Goals-based:</i>	extent to which programs are meeting predetermined goals and objectives
<i>Process-based:</i>	understanding how a program produces its results
<i>Outcomes-based:</i>	whether program is effective improving the targeted problem area.

Evaluations, as pre-determined by funders, may include standardized measures or goals that are out-of-touch with the organization. Evaluators are often outsiders, who through the demands of objectivity, distance themselves from program personnel. Such approaches are often conflicting with Indigenous cultural protocols of engagement and relationships (Morelli and Mataira 2010). Further, since research and evaluations are both political acts, these practices may replicate colonial practices and control (Johnston-Goodstar 2013).

Morelli and Mataira advocate against the detached and objective evaluator, instead focusing on relationships and understanding (2010). Relationships are essentially for producing culturally-relevant and –safe evaluation methods, which include providing a space for narratives and stories, the voice and mentorship of community elders, and indigenous worldviews.

In *Research as Ceremony*, Shawn Wilson identifies that Indigenous epistemology (way of knowing), ontology (knowledge of existence), and methodology (how we know what we know) are based upon relationships and relationality (2009). This includes not just a relationship

to the people within an organization or community, but also a relationship with people, history, land, and ideas. Kawakami et. al. (2007) describe this as conducting evaluations within a holistic context that includes time, place, community, and history. The “research process may also build or strengthen a sense of community. Through maintaining accountability to the relationships that have been built, an increased sense of sharing common interests can be established” (Wilson 2009: 86). Wilson describes the creation of a shared space between people is at the heart of ceremony, and how Indigenous research paradigms can be a ceremony, “as it is all about building relationships and bridging this sacred space” (Wilson 2009: 87).

Wilson also describes the “three-R’s” of Indigenous methodologies as: creating research projects that are built upon *relational accountability*, which includes the integrity of the methodology through *respectfulness*, and *reciprocity* through the usefulness of the results to Indigenous communities. By maintaining relational accountability, common interests can be established between researcher/researched and evaluator/evaluated. These boundaries can be broken down so that an increased sense of sharing, learning, and involvement can occur among all parties involved in the research project’s design, implementation, and analysis (Wilson 2009).

The previous section highlights the difference in perspective and understanding between Western researchers and Indigenous people and the need to adopt the values and worldviews of Indigenous people in research and evaluations. However, the fact remains that most of the funders and evaluators of Indigenous programming are outsiders to the Indigenous communities that these programs serve. The differences in perspectives include not just worldviews, values, and roots of problems, but they have a direct effect on Indigenous organizations by influencing how social programs should be addressed, the nature of programming, and possibly most important for evaluations, what makes programming effective or successful.

Because funders are the power-holders in almost all of these relationships, organizations need to align their perspective, language, and even the content of programming to meet the needs of funders, rather than have funders understand the perspectives and needs of programs. In “Indigenizing Evaluation Research: A Long-Awaited Paradigm Shift”, Morelli and Mataira note that organizations are often forced to “learn to conceptualize and operationalize indigenous practices within the context of western scientific measurement [so that] chances for perceived legitimacy and financial support are increased” (2010: 2).

While this is often a necessary strategy in order to secure much needed funding and sustain programming, evaluations that are imposed from the outside do little to affirm Indigenous self-determination. Further, when non-Indigenous standards become the standards of success and effectiveness of programming, evaluations fail to recognize the strengths in Indigenous communities. Evaluations and goals set by funders can easily perpetuate the myth that Indigenous people represent “problems” to be solved, and who require the assistance from external and colonial experts (Cochran et al. 2008).

Additionally, when program goals are set by external forces, this may lead to co-optation and programming that does not effectively meet the needs of a community. Mohawk scholar Taiaiake Alfred quotes the sociologist Raymond Breton (1990) in describing co-optation of Indigenous programs:

Co-optation is a process through which the policy orientations of leaders are influenced and their organizational activities channeled. It blends the leader’s interests with those of an external organization. In the process, ethnic leaders and their organizations become active in the state-run inter-organizational system; they become participants in the decision-making process as advisors or committee members. By becoming somewhat of an insider, the co-opted leader is likely to identify with the organization and its objectives. The leader’s point of view is shaped through the personal ties formed with authorities and functionaries of the external organization (Alfred 2000: 74).

Long-term goals of an organization may be altered to meet short-term needs. Goodwin and Jasper discuss the case of cooptation of social movements. Resources may get diverted to running the organizations while neglecting the original goals of the organization. Interestingly, they describe the example of an organization with the goal of eradicating homelessness, but that much of its resources end up going to running the homeless shelter rather than solving the root causes of homelessness (Goodwin and Jasper 2009).

Additionally, evaluations that must match the requirements of funders often are of little to no use to staff, participants, and the community involved in these programs. The following comments reflect this sentiment expressed by ADYC program staff:

We use Life Skills as an assessment tool when entering program, but we don't really use this at all otherwise, because it isn't that relevant. There is not context to it. There is not story within the evaluations.

Most forms don't really capture what is going on from the perspective of staff and youth...[the evaluations] don't capture the development that occurs or the conversations...How do you capture that story [in an evaluation] without specific questions?...That's not really a question that you can write an answer to. We need more flexible tools.

The thing that changes kids is the spiritual backing in the cultural activities...We want to build a foundation to be able to ask for help, to be able to go to sweats, and you may not see that change for years. So how do you assess that?...The spiritual part is not being captured. You can talk about activities that are done, but you can't really report about the spirits giving names [to the youth]...The cultural activities are important, but it's the spiritual backing that creates change. How do you assess that?

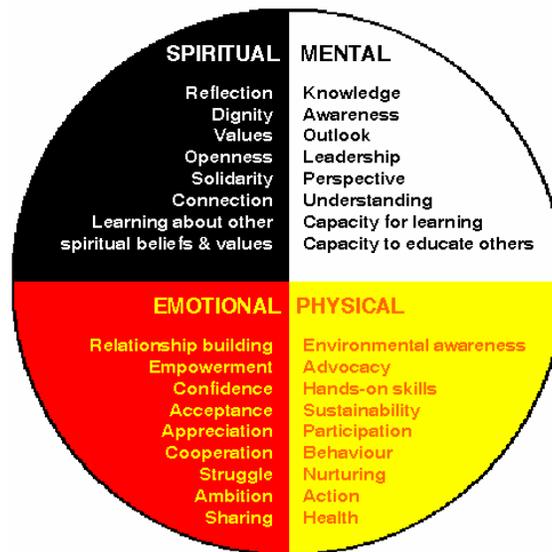
While convincing funders of the importance of Indigenous research and evaluations is a project in and of itself, participatory methods and evaluations are becoming more acceptable forms of evaluations. These methods may be useful for describing Indigenous evaluation projects. The benefits of participatory methods for Indigenous evaluations are described by Kawakami et. al. (2007), LaFrance et. al. (2010), and Johnston-Goodstar (2013).

Participatory evaluations are those that are “of, for, by, and with us” (Kawakami et al. 2007: 321), not research that is a “plan about us, without us” (Walters et al. 2009: 151). Johnston-Goodstar points out that decolonizing evaluation practices by making it a collaborative and participatory process contributes to community ownership of the evaluation and its results (2013). While Western concerns of objectivity are in conflict with the participatory evaluation, Indigenous evaluations assume that staff have a vested interest in the success of their programs, organizations, and clients they serve, and that a participatory model of evaluations help to strengthen the accountability of staff to these programs, community, and their goals.

Participatory evaluations are an open-ended process that allows for a range of methods and levels of participation. This can include initiating and designing evaluation and research projects, determining data collection methods, analyzing data, or creating community advisory groups (Kawakami et. al 2007; Johnston-Goodstar 2013). Most important is that the organization or community takes ownership for defining and assessing the success of programs (LaFrance et. al. 2010).

Further, participatory evaluations allow communities to describe value added by programs and describe this value within the community’s own language and relevant to their long-term goals (Kawakami et. al 2007). By allowing organizations to assess programs within the broader goals of the organization, it helps communities to develop long-term plans and further initiatives (Kawakami et. al 2007). And by building capacity within Indigenous communities and organizations to conduct our own evaluations and research, this “could potentially increase the relevance of future projects” (Johnston-Goodstar 2013).

#### IV. MEDICINE WHEEL FRAMEWORK



The Medicine Wheel is an important concept within the traditions of many First Nations people. It is represented in many ways, including different shapes and color. In a contemporary context, the Medicine Wheel has emerged as an important symbol that spans across different Nations and traditions, which makes it a salient symbol within a multi-tribal, urban setting.

There are many teaching of the Medicine Wheel and what it represents. It can represent the four directions (West, North, East, South) and the four seasons (Spring, Summer, Fall, Winter). This also includes the stages of life and development: childhood and emotional beginnings, adolescence and physical development, adulthood and mental maturity, and finally, elder and spiritual maturity. The Medicine Wheels emphasize circular processes, balance, relationships, and traditional worldviews.

On an individual level, the Medicine Wheel can represent the parts of the self: emotional, physical, mental, and spiritual. Montour, who is both a Mohawk and a medical practitioner, says of the Medicine Wheel:

*“The Medicine Wheel concept from Native American culture provides a model for who we are as individuals. We have an intellectual self, a spiritual self, an emotional self, and a physical self. Strength and balance in all quadrants of the Medicine Wheel can produce a strong, positive sense of wellbeing, whereas imbalance in one or more quadrants can cause symptoms of illness. Addressing issues of imbalance can potentially diminish your patient’s symptoms and enrich their quality of life”* (Twigg et al 2009).

Additionally, the Medicine Wheel emphasizes the place of the self in society, rather than an emphasis solely on self. Part of the balance includes a connectedness or relationship with community. This connectedness provides support from the community, but also the responsibility to provide support to others in the community. The Medicine Wheel can easily include psychological and sociological concepts of development: Coercion/Competition - author-directed actions, filling one’s own needs; Cooperation – peer-directed actions, develop ones’ own strengths, connect with peers, shift from dependence to self-reliance; Contribution - self-directed learner and actions; and Consecration – values-directed action as directed by tradition, pipe, or medicine bundle (Twigg and Hengen 2009).

Given the multiple layers of meanings of the Medicine Wheel including the personal, psychological, and sociological, this could be an essential tool in an evaluation context, and using these meanings to assess outcomes and indicators (ACIC 2007). Based on the use of the Medicine Wheel in the program Building A Nation, the Medicine Wheel can be adapted and used in multiple ways in Indigenous programs and organizations:

- ❖ **Logic Model:** The Medicine Wheel creates a picture of how a program works, the theory and assumptions underlying the program, and the activities needed to create change. The Medicine Wheel emphasizes a circular and holistic process.
- ❖ **Program Evaluation Tool:** Within the ADYC Evaluation Protocol, the Medicine Wheel helps to frames the programs and evaluation tools within the Logic Model.
- ❖ **Assessment:** The Medicine Wheel could also be used as a tool to organize human experience and track human growth. This is essential for both trauma assessment and case management.
- ❖ **Fostering Community:** The Medicine Wheel offers a multi-level tool that can be used for assessment and tracking growth of clients, staff, programs, and for the organization as a whole.

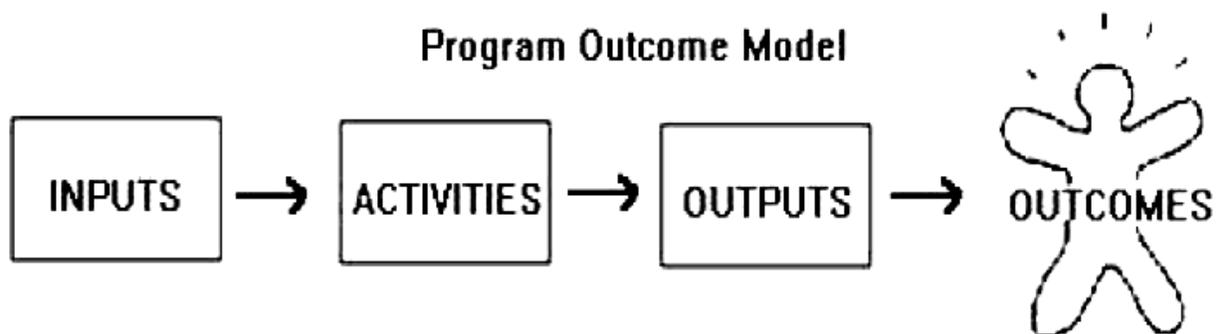
## The Medicine Wheel as a Logic Model

In addition to its usefulness in viewing the proposed evaluation matrix, the medicine wheel can also be useful in developing an Indigenous “logic model”, and thus specific evaluation instruments, that are both culturally responsive and useful to clients and staff, as well as for funders. According to the Kellogg Foundation:

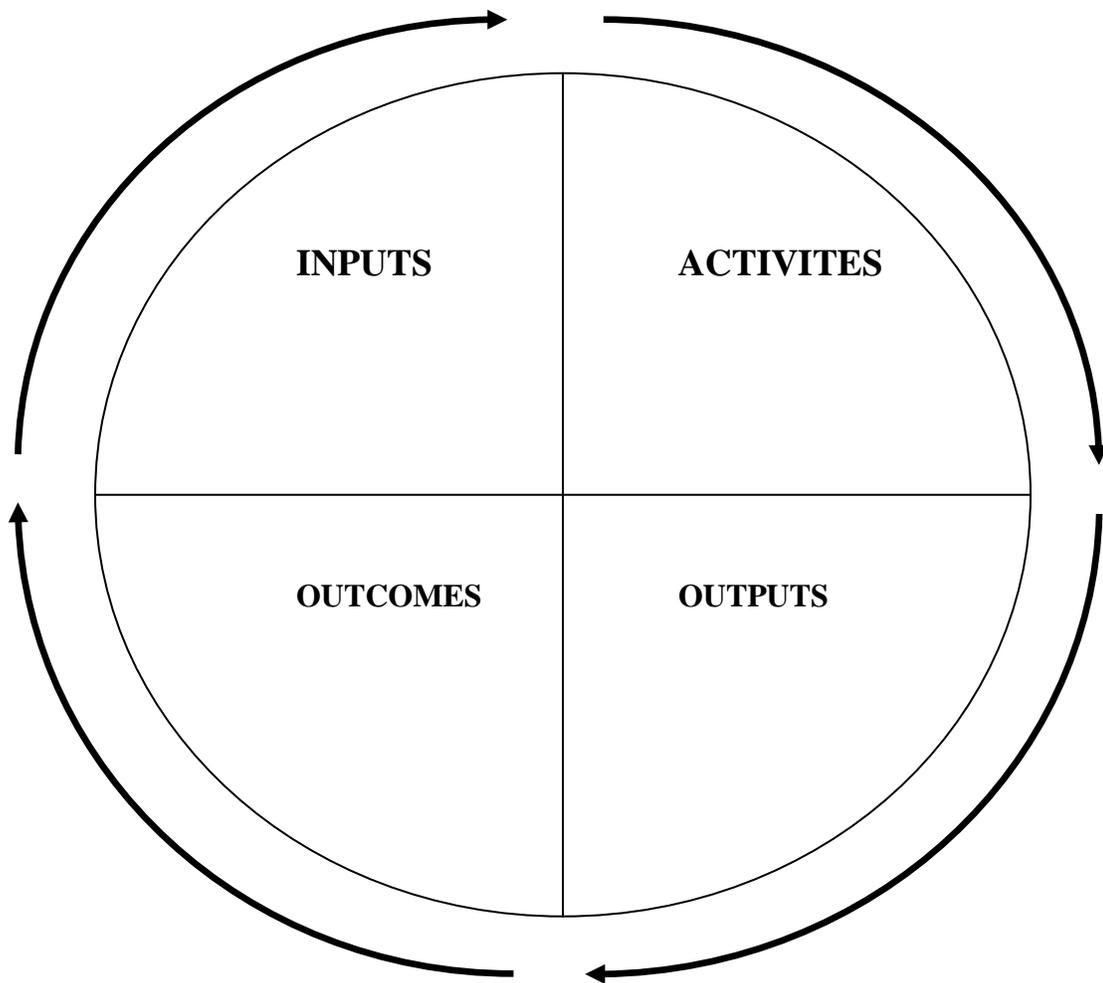
“A program logic model is a picture of how your program works – the theory and assumptions underlying the program. ...This model provides a road map of your program, high-lighting how it is expected to work, what activities need to come before others, and how desired outcomes are achieved (Kellogg 1998: 35).”

The logic model assesses and measures the various aspects of a program, its implementation, and its outcomes, and it helps to identify the connections between these aspects. The logic model is essential for helping funders to understand what you plan to do, what you are doing, what you did, and what are its intended and actual impacts and outcomes. Additionally, logic models are useful in identifying the individual components that contribute to program problems and success, as well as understanding the requirements that are needed in development and implementation that will lead to a successful program.

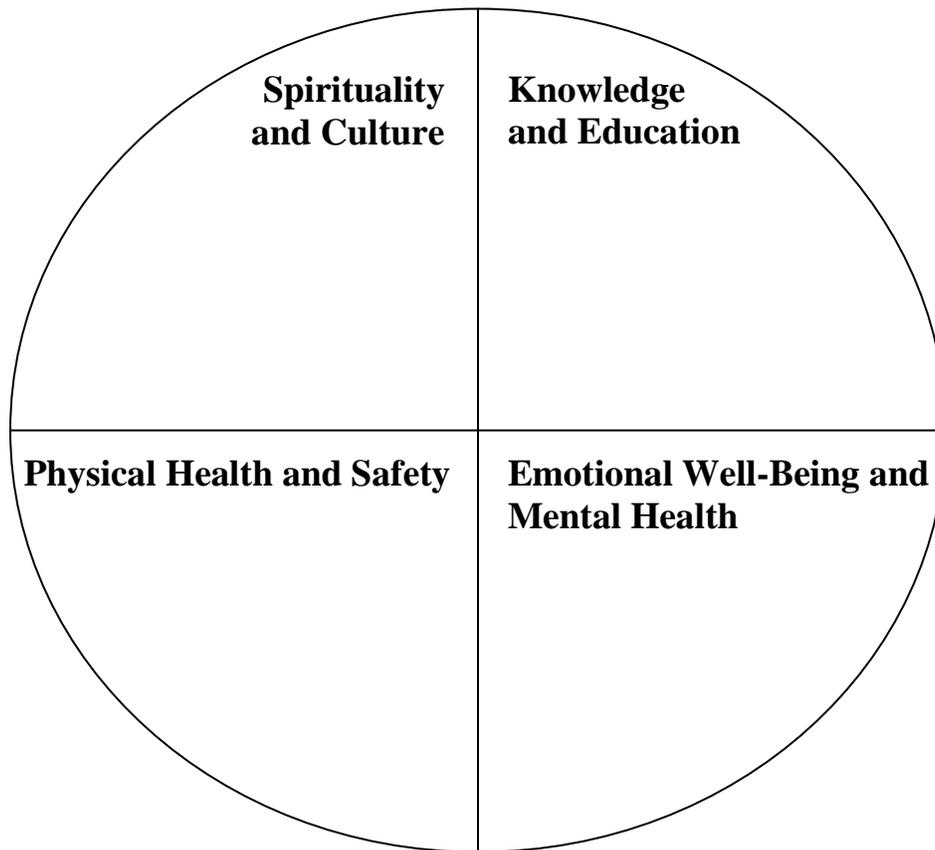
Logic models are frequently used by nonprofits and by funders to describe and understand theories of change. However, logic models are often depicted as a very linear process of the input of clients. This includes the activities that the organization performs or services delivered, the output or immediate impact, and long-term impact or outcomes:



Rather than depicting this process as one that is linear with a definite and finite outcome or end goal, a logic model could also be presented as a cycle. This lessens the emphasis simply on results and outcomes (which are often ill-defined and not frequently measured), but instead on the process of development. The format of the medicine wheel can describe input, activity, output, outcome as a cyclical process, which could leave room for the inputs of history, colonialism, or even previous impacts or involvement of the community or program:



Further, rather than just simply placing Western logic models onto Indigenous frameworks, it is possible to use Indigenous frameworks and worldviews to create a culturally-relevant logic model. The linear logic model leaves little room for objectives and outcomes that were not foreseen, intended, or that are counter to the proposed logic model. Additionally, the outcomes described can rarely be isolated solely to the activities within the linear logic model. The Medicine Wheel can help to remove the linear evaluations and move towards holistic ones. As a tool, it can help to deepen understandings of outcomes and change, as well as foster participation and storytelling as evaluation methods.



## Medicine Wheel as Program Evaluation

Within the ADYC Evaluation Protocol, the Medicine Wheel helps to frame the programs and evaluation tools within the previous Logic Model. At a program-level, this logic model can be used to help in the assessment of programs. This would involve moving beyond surface level outcomes, but including the deeper impacts. In the Atlantic Council for International Cooperation's report on the Medicine Wheel Evaluation Framework, the authors provide the following example:

After its first run, project coordinators are happy to report that 12 youth have successfully completed the program, 9 of which have been placed in paid apprenticeship programs. In the medium term, however, they find that job retention is unexpectedly low, and many of the youth return to the streets.

“To get at the root of these issues, project coordinators look to the Medicine Wheel Evaluation Framework. This reaffirms the *physical* and *mental* successes of the project, such as the gaining of new skills and capacities by participants. However, through semi-structured interviews with the participants, their employers, clients, and the community, they discover that *emotionally*, the youth had not done the confidence building that would help them to strive to stay off the street. Without this confidence, they had trouble working within a team environment, and gave up easily when faced with challenges. *Spiritually* they had not built deeper connections to the community, which meant they had trouble developing a role for themselves as active members within it.”

In the example above, the Medicine Wheel provides a framework to deepen the understanding of a program and its outcomes, both actualized and unintended. It helps frame and utilize multiple methods. This includes quantitative data about the program, the number of participants, the number of jobs placed, and could include additional information about the demographics, number of activities, etc. But the evaluation also fosters narrative and storytelling. This includes qualitative data from semi-structure interviews that help to deepen the story and the impact of the program. In addition to identifying the successful components of the program, it also helps to identify challenges and the areas that need to be strengthened.

## Medicine Wheel as an Assessment Tool

In addition to its use in program evaluations, the Medicine Wheel can be a useful tool for client assessment. It can be adapted to organize human experience, track development, assess trauma, or as a tool as a part of case management. In fact, the Medicine Wheel is currently in use at ADYC as part of its client in-take at the Emergency Shelter and as part of the Youth Lodge.

The current assessment (**see Appendix**) is filled out by clients during in-take. The assessment asks clients to evaluate where they are at in terms of physical, emotional, mental, and spiritual states. Staff members have reported that this is vital assessment in determining where the client is at when they arrive and what their needs are. And out of all the assessments and evaluations performs, staff members report that the Medicine Wheel Assessment is one of the few that they will refer to during and after a client's stay in the shelter.

The Medicine Wheel can assist clients in viewing their personal histories, development as a person, and make predictions about the future, as well as form intermediate and long-term goals. The four categories of the Medicine Wheel can help identify specific healing services needed, and it may help identify potential service providers (ie. ADYC, community, spiritual leaders, etc). A counselor describes such a use in the Building A Nation program:

*They start filling in the four quadrants. They can see themselves as a whole person, what happened here (in childhood), what happened here (as a youth), that is happening here (as an adult), to make them who they are today. Then they say to themselves 'Well for this one I'm going to do this treatment or I'm gonna go to sweats, or go to a doctor or .... They know what it's about and they can see what it's about. Then the cultural content is really there for them to realize that this is who I am. I am still Native. I can be proud of who I am.' ... So they begin to heal themselves.... We (the counselors) validate and then support them in their journey. They're the ones who are working. We are just sort of leaning posts along the way, or the cane." (Twigg and Hengen 2009).*

In addition to personal assessments, the Medicine Wheel Assessment may be an effective tool for case management, the development of healing plans, and achieving balance among

clients. The Medicine Wheel could be used to help identify problems or challenges in each area, as well as to develop a plan for solutions, remedies, or healing. The case manager could help create the plans, guide the clients, and eventually turn this activity over to the clients.

Additionally, the Medicine Wheel may be a supplemental tool to help Case Managers assess trauma that clients may carry and identify possible paths for healing. The Building A Nation counselors were taught to gather data from the Medicine Wheel as an assessment tool, especially in regards to trauma or injury. While the focus of trauma assessment often focuses on physical abuse, the Medicine Wheel may help identify emotional abuse, mental illnesses or post-traumatic stress

Finally, the current Medicine Wheel Assessment could be expanded to be included as an evaluation instrument for ADYC programs. For instance, the assessment is not currently used as part of the exit-forms, nor is it filled out during the program. By adding these two additional components, the assessment serves as an evaluation tool to track client's development and growth in the program. The assessment adheres to the holistic logic model detailed above, but it could also be translated into linear logic models as determined by funders.

In addition to its effectiveness as a tool, the Building A Nation program shows that the Medicine Wheel is a "cultural traditional model that [clients] accept and it doesn't have to be forced on them because they accept it naturally especially if they are First Nation, Métis. [They say] Well, this is mine; this is where I come from so they accept it on those terms more than they would an assessment given by a professional because they don't know what's going on there." (Twigg and Hengen 2009).

The most significant limitation to the Medicine Wheel is its focus solely on individual-level problems, which may overlook the systematic causes of homelessness, in addition to the

context of colonialism and the impacts of colonialism. The challenge would be how to incorporate these aspects into the assessments and evaluations. This could include trainings of staff members on these impacts and creating specific prompts by staff members for each of the quadrants. It may also mean reconfiguring the quadrants of the medicine wheel to include “context,” as seen in the Cross et. al. article (2011).

## **V. CONCLUSION: MEDICINE WHEEL AS FOSTERING A HEALING COMMUNITY**

As can be seen above, the Medicine Wheel offers a multi-level perspective that can be adapted to use across the programs and throughout the organization. It can be used to both track and foster the growth of clients, staff, and programs. While it provides an evaluation matrix for the organization, the Medicine Wheel, as a symbol of health, healing, and balance, could also be seen as a goal that the organization, its programs, and its community members strive towards.

The multi-level and multi-layered nature of the Medicine Wheel allows for unique opportunities to foster a sense of community within the organization and continuity across its assessments and evaluations. It should serve as a tool that both strengthens the efforts of the programs, staff, and clients, as well as encourage participation in program evaluation and development by those who have the most interest in its success.

After all, evaluations can provide useful information for staff members of what they are doing right, what is going well, and what areas might need improvement. They can be (re)affirming in that they can show the impact we are having in our communities, and they can help us zero in on areas where we can concentrate our efforts. In this way, they can also provide participants with a way of measuring personal growth, and the ways in which they themselves have contributed to their own growth, healing, and sense of balance. This can facilitate a self-determination at a personal level.

So evaluations shouldn't be seen as an annoying chore for staff members and program participants, but only if evaluations are actually providing something of use and meaning. Participatory and culturally-relevant tools can help create evaluations whose usefulness and meaning are readily-apparent to staff and participants. Participatory, interactive, and participatory methods may also be useful in this regard.

Finally, just as this report should be viewed as a work-in-progress, it is also the beginning of a conversation about how these evaluations and tools can be developed and implemented in culturally-relevant and meaningful ways. The Medicine Wheel provides a framework for the Healing Community Indicator Matrix developed by community members, but this has been viewed as an iterative process since its beginning with stages of development, implementation, reflection, and refinement. This is a contribution in that process. Below are possible next (or further) steps in this process:

- ❖ **Staff understandings of the Evaluation Matrix, Protocols, and Goals: Creation of strategic plans of visual tools that are developed and integrated into the life and work of the agency. This could include depictions of the Medicine Wheel and ways in which the programs, activities, and evaluations of Ain Dah Yung fit into this framework.**
- ❖ **Survey Instrument for ADYC Staff – This could be used throughout the implementation of culturally-relevant evaluations. It could measure which evaluations are currently done within programs, whether they are required, the impact of new evaluations, and also their usefulness for staff. This could also be an opportunity to measure the network and cohesion of staff and programs and the informal roles staff members play in the organization.**
- ❖ **Implementation of Medicine Wheel Evaluation – The emergency shelter may be the best place to begin because of its existing practices and assessments provide familiarity for staff members and can be expanded without much disruption.**

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## APPENDIX