Medicine Wheel

Evaluation Framework

Atlantic Council for International Cooperation

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Preamble

Round Peg in a Square Hole

In 2007, ACIC was invited to participate in the "*Public Engagement Practice (PEP) Project* "- an action research project about public engagement and participatory evaluation with the Canadian Council for International Cooperation. Using our First Voices project as a tool, we embarked on a year long process that enabled us to bring together many of the people that were involved in the project, including participants, facilitators, ACIC board members, volunteers and staff.

Our eclectic committee struggled with many things, among which included developing outcomes and indicators of success.   We soon realized that "First Voices" was not a project that easily fit into the existing structures of the Results Based Management Framework, and we needed to use something more holistic or round. Someone commented that it was like trying to fit a round peg into a square hole.   It was this reference that made one participant, Eliza Knockwood, realize that there was a better way. Her inspiration to use the Medicine Wheel as an evaluation framework changed the direction of our work and enabled us to capture many stories and results that would have otherwise been missed.

This guide is intended to introduce the reader to the Medicine Wheel, outlining its history and uses, and to show how the Medicine Wheel can be used as an evaluation framework.   We know that this framework is not appropriate for every organization or every project, but we do hope that its use will enable some to break away from the traditional boxes, and to be able to capture the stories and qualitative results that are often overlooked.

Why the Medicine Wheel?

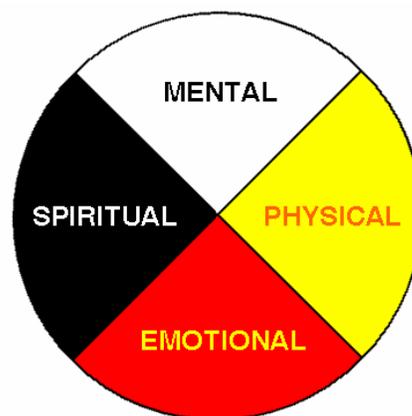**It breaks away from linear, conventional models of evaluation.**

As a general rule, conventional evaluation models ask us to think about our projects in terms of accountability, efficiency, and quantifiable gauges of effectiveness. Results that are consistent, logical, and which can be isolated and measured are given precedence over more variant, unintended and interconnected outcomes. These models make it easy to neglect to involve the project's various stakeholders in the evaluation process and in the development of the evaluation framework, leaving many of the meaningful, qualitative, and indirect outcomes experienced by these stakeholders unreported.

Of course, it's not impossible to fold participatory and qualitative approaches into conventional evaluation models – many groups have begun to do just that, and have found that with a little tweaking, it's not hard to incorporate these elements. Unfortunately what this usually entails is adapting qualitative and participatory elements to fit the evaluation model, rather than opening the model up to allow for these throughout. Furthermore, abstract and veiled impacts such as changes in understanding, dignity, and attitude often continue to go uncaptured.

Part of the problem may be our tendency towards a linear process. Evaluations are mapped out in the form of succinct equations which exhibit exactly how activities have led directly to outcomes, using easily observed or measured indicators. One issue with this model is that already our objectives and/or projected outcomes take the linear process into account – we develop objectives with this structure in mind, leaving little room for outcomes that are not entirely isolated, were not foreseen or intended, and/or rebel against the pattern. We direct our projects towards the linear structure before they've even begun, and, once completed, our reports reiterate these linear equations despite any variances we may have encountered.

The Medicine Wheel takes us out of this linear concept of project evaluation and towards a more holistic one. Its circular form and all-encompassing categories help to expand the scope of evaluation to capture outcomes and elicit responses that are often overlooked.

Traditionally, the Medicine Wheel is meant to make sense of the world and bring order to it, without isolating or compartmentalizing our different understandings of it. It celebrates both the diversity and unity of our spiritual, mental, physical, and emotional experiences. These four categories make up its four quadrants.

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Why the Medicine Wheel?

It deepens understanding, encourages participation, and fosters storytelling.

In order to get at all four of these elements, the Medicine Wheel framework makes critical reflection essential. In the context of evaluation, this prompts our analysis to move beyond outcomes that lie on the surface – those that are easily observable and measurable – to capture deeper impacts, often linked to, but a little abstracted from the more obvious ones.   What does this mean on the ground? Take this hypothetical project as an example:

Fictional Example: *Juventude Conexão*, a carpentry program for street youth in Brazil

Nestled within a favela (slum) of Rio de Janeiro, *Juventude Conexão* aims to empower street youth through training in marketable skills such as carpentry. After its first run, project coordinators are happy to report that 12 youth have successfully completely 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.

As the above example should exhibit, the Medicine Wheel Evaluation Framework provides the opportunity to deepen our understanding of a project and the outcomes it may have brought about. It fosters storytelling, as the stories of participants and other stakeholders help to round-out and animate the project's own story.

In this way, the Medicine Wheel helps to render complex issues easy to understand. It gives us a kind of language through which we can address complex and intimate challenges. Importantly, *failure* has no place in that language, as traditionally it has never been a part of Medicine Wheel teachings. The Medicine Wheel frames outcomes in terms of successes and challenges, helping to make it clear where our strengths and weaknesses lie.

The Medicine Wheel also takes participation further, not only by linking outcomes to people's own experiences, but also by expanding the pool of stakeholders. It encourages us to include groups and individuals who are indirectly affected by the project but are commonly left out of its evaluation. For example, impacts on family, friends, employers, project volunteers, and community members might be involved, further weaving together the story that more direct stakeholders have already begun to narrate.

Why the Medicine Wheel?

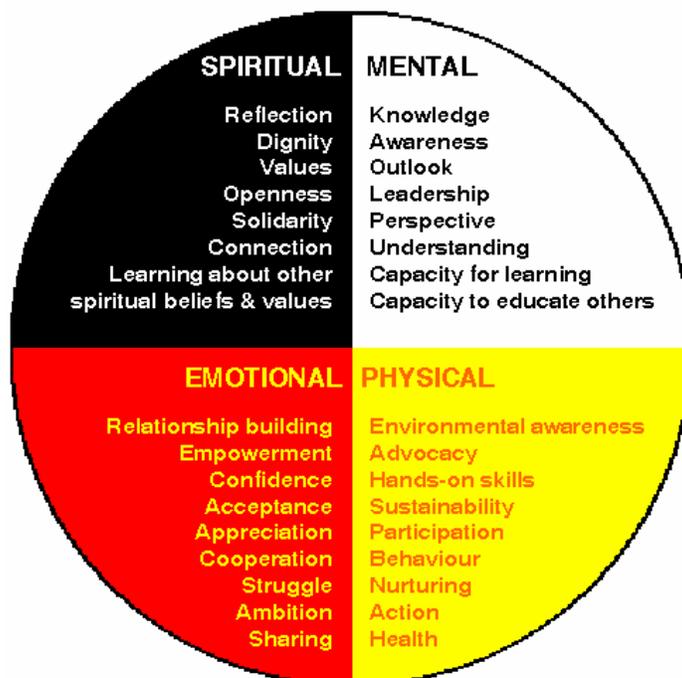**It represents healing, humanity, inclusion, diversity, and unity.**

Among various indigenous traditions, the Medicine Wheel has always been interpreted as a tool of healing and inner understanding. As a tool of healing, it provides the evaluation process with a supportive backdrop, where sensitive and meaningful themes can be addressed. As a tool of understanding, it falls directly within the evaluation mandate – by better understanding our practices and projects, we can better adapt to challenges and improve in weaker areas.

The colours, the directions, and the teachings are all part of the journey that leads us to deeper awareness and understanding. The quadrants are based on the four human traits, bringing a sense of personal growth and humanity to evaluation. The four directions give it a global scope, and chart our progress in reaching all of our objectives. The colours represent our diversity, emphasising the importance of ensuring that everyone is engaged and included, and reinforcing the need to bring together a variety of diverse stakeholders. All four quadrants are equally weighted, emphasising the value of a holistic approach.

What's more, there are similar traditions among different indigenous peoples across Canada and the globe. For instance, *First Voices* participants discovered crosscutting and spiritual links between the Medicine Wheel and the Mayan Cross. This speaks to its unifying nature.

It encompasses a great number of tangible outcomes.

The four categories – spiritual, mental, physical, and emotional – may seem a little abstract, but with a little unpacking can encompass a great number of manifestations. In the evaluation context, these can be linked to outcomes and indicators. For example:

Getting going...

Mental: Thinking about the Medicine Wheel as a framework

So far, things may seem a little vague. This is largely due to the fact that this is a *framework*, not a model or a formula. While in the past it has been applied to arts-based, public engagement projects, it can be adapted to all sorts of projects that have little or nothing to do with the arts or public engagement. We've left this framework elastic so that it can be tailored to diverse projects, stakeholders, and contexts.

We've just outlined a few ideas as to how we might break the quadrants down into more specific and tangible manifestations (pg 6). Of course, these categories are subject to change. In some contexts, empowerment may fit better within the mental quadrant. Maybe project stakeholders see solidarity as something spiritual, or place understanding in the emotional quadrant, and so on. Categories will shift depending on interpretation.

What's important is that those involved in the project (stakeholders) share similar interpretations. This is one of the key reasons why the Medicine Wheel Evaluation Framework is strongest if incorporated throughout the lifespan of the project. From the outset, we should discuss and explore why the four quadrants are important and what they might mean in the context of the specific project. As new stakeholders (participants, communities, volunteers, e.g.) enter into the project, we should draw them into this discourse and continue to explore the meaning of the Medicine Wheel so as to foster common understandings early on and throughout.

Framework is the magic word. Without a static template, the Medicine Wheel allows our evaluations to grow in beautifully project-specific directions. As a framework, it helps us to start to think about things in a holistic way, better delve into communal understandings of our projects, and design outcomes based off of a deeper and more unified foundation.

Emotional: Feeling out the appropriation issue

You may be wondering whether the Medicine Wheel Evaluation Framework can be applied to projects that are not related to indigenous themes. This question draws to the surface difficult ethical concerns around the appropriation of this deeply spiritual indigenous tradition, especially for use by stakeholders and projects that may not represent the profound legacy of that tradition. This is another reason why it's important to think about the Medicine Wheel in terms of a framework, which simply encourages us to look at evaluation holistically.

The Medicine Wheel Evaluation Framework was created out of the desire to tell the full story of the *First Voices* project in a format that better resonated with the spirit of the project and the cultural traditions of its participants. It can live on to provide the basic structure for participatory and holistic evaluation methods on all sorts of projects, so long as we don't try to create exact replications of it in inauthentic contexts. It must be adapted it to better resonate with each specific situation and group of stakeholders.

Getting going...

The application of the Medicine Wheel Evaluation Framework should be broached carefully and appropriately. We can use it as a jumping off point by which to re-envision conventional evaluation models, better involve stakeholders, honour the diverse impacts our projects instigate, and capture the whole story.

We should also take the opportunity to discuss, explore, and further research the profound meanings behind the Medicine Wheel within various indigenous traditions.

Spiritual: Exploring what "holistic" means in practice

Project outcomes are not isolated. They relate to each other and feed off of each other. Sometimes they even pose barriers to each other. As we begin to draft projected outcomes and/or objectives, we should keep in mind these relationships and the crosscutting themes that stretch across the Medicine Wheel. This is one of the central benefits of using the Medicine Wheel framework – we can focus on interconnected impacts while maintaining a clear and organized analysis. Thus, once stakeholders have begun to develop a common understanding of the four quadrants of the Medicine Wheel, we should work together to sketch outcomes that correspond to or build up around those quadrants, taking into account their connections to each other.

> **Fictional Example: *G.R.O.W.*, an urban food sovereignty project with women in India**
>
> Consider a food sovereignty project that supports women's groups in developing community gardens in New Delhi, India. Preliminary discussions among participants and coordinators determine four interconnected outcomes: i) increasing participants' skills in urban agriculture, thus increasing their food security (physical outcome); ii) awakening cooperation within the community (emotional outcome); iii) cultivating a deeper connection to the earth and environment (spiritual outcome); iv) fostering greater awareness of food sovereignty, including the capacity to educate others about it (mental outcome).

This is what "holistic" looks like on the ground. Sometimes connections are obvious, and sometimes there are deeper, more veiled connections that extend in every direction across the Medicine Wheel. Focusing on these interrelated outcomes will help us to take into account more diverse aspects of the project, better plan for outcomes that affect each other, and leave room for the indirect and unintended ones.

Physical: Expanding the pool of stakeholders, celebrating participation

An important finding from *First Voices* was the value of reaching out to various stakeholder groups. When addressing unintended outcomes, the project report notes: "While the project was developed with the goal of affecting measurable change in the participants, participatory evaluation revealed that the effects of the project extended far beyond the youth participants." This insight can be applied right from the beginning of our projects.

Getting going...

In this context, a stakeholder is any group or individual who might be affected by the project, either directly or indirectly. These might include:

- Family members of direct stakeholders
- Friends of direct stakeholders
- The immediate community
- The greater community (public)
- Volunteers affiliated with the project
- Staff and board members of affiliated organizations
- Local businesses
- The media
- Policy makers
- Youth

In some cases, it may be to our benefit to bring individuals from these groups into the evaluation process early on. In other situations, it may suffice to simply take these stakeholders into account while we develop outcomes and indicators, and solicit their participation as we collect data at later stages of the project.

Expanding the participatory process to incorporate various stakeholders will bring diverse perspectives to our evaluations, and better contribute to the whole story.
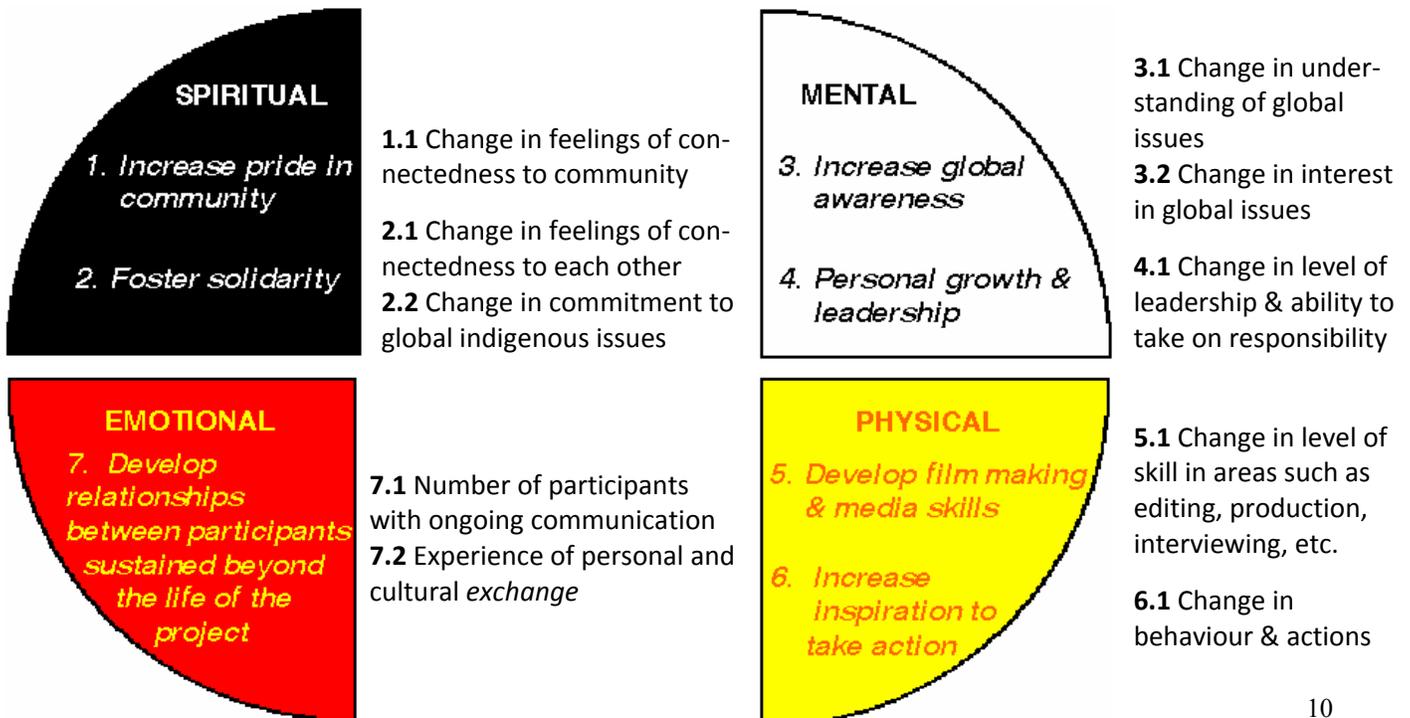
***First Voices*, Phase 1:**

As discussed in the Preamble, ACIC developed the Medicine Wheel evaluation during *First Voices*, hoping to explore methodologies and tools that better echoed the spirit of the project; build cohesion among its diverse stakeholders; and demonstrate qualitative outcomes. What came out of this process was a much more dynamic and cohesive "story" recounting what the project had accomplished and where it faced challenges, and a participatory evaluation framework that can be utilized into the future.

Phase 1 brought together indigenous youth from Atlantic Canada, Guatemala, and Chile to create a collaborative documentary based on stories of hope found in their communities. The six youth met in Halifax in January 2007 to view footage each had gathered and weave the film together. They later travelled to Guatemala to screen the documentary and visit diverse communities across the country.

An evaluation committee was established, made up of a project participant, volunteer, an ACIC board member, the ACIC Executive Director, and a local filmmaker who had mentored the youth throughout the project. They identified a number of different stakeholder groups, but chose to focus primarily on the participants. They drew on the Medicine Wheel to develop outcomes and indicators, engaging each of the four quadrants. (It should be noted that in this case, evaluation was undertaken after the project had wrapped up, which afforded the committee a perspective on outcomes they may not have possessed at the outset.)

Seven key outcomes and corresponding indicators were identified through this process:

SPIRITUAL

1. Increase pride in community
2. Foster solidarity

1.1 Change in feelings of connectedness to community

2.1 Change in feelings of connectedness to each other
2.2 Change in commitment to global indigenous issues

MENTAL

3. Increase global awareness

4. Personal growth & leadership

3.1 Change in understanding of global issues
3.2 Change in interest in global issues

4.1 Change in level of leadership & ability to take on responsibility

EMOTIONAL

7. Develop relationships between participants sustained beyond the life of the project

7.1 Number of participants with ongoing communication
7.2 Experience of personal and cultural *exchange*

PHYSICAL

5. Develop film making & media skills

6. Increase inspiration to take action

5.1 Change in level of skill in areas such as editing, production, interviewing, etc.

6.1 Change in behaviour & actions

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How has it been applied in the past?

The committee then developed a number of participatory tools with which to collect data and analyse project results. For example, for participants, an in-depth interview was created, with questions targeting each specific outcome and certain indicators. Here are a couple of examples and the responses they solicited:

Spiritual: How has the relationships created with the other participants relate to your spiritual orientation/culture/faith/beliefs?
"I feel very proud to have indigenous roots… it's our destiny to share our experiences… My work when I go back will be to transmit my experience, and to share with my community and with indigenous youth so that they realize that we're not separate. On the contrary, we're all united by one cause. When I arrived it was like something was shaken inside of me – it touched my heart deeply." – Soledad (participant from Chile)

Physical: How have the film/editing workshops provide you with the skills necessary to prepare yourself as well as set up your film equipment for interviewing/capturing footage?
"…the problem for me was we couldn't improve the documentary… because I couldn't download the images since we didn't have the computer equipment… I wanted to do my bit but I wasn't able to edit my own piece. I was able to help out a little, but it wasn't in the way I would have wanted." – Lucio (participant from Guatemala)

The interviews helped the participatory evaluation committee to identify the physical quadrant as the most challenging area. Not only did participants from overseas communicate that they lacked the materials and support they needed to improve their hands-on skills, many participants also discussed fatigue and the need for better attention to health and wellness during such energy-demanding projects. This encouraged ACIC to put more focus on the physical aspect in future phases of the project, making sure that participants from overseas were equipped with what they needed to develop skills, and adjusting the schedule to better address the physical health needs of participants.

Different sets of outcomes and corresponding indicators were also developed for other key stakeholder groups, including the general public/journalists (defined as attendees at film-screenings/journalists that covered the First Voices story); family and friends of participants; and partners and volunteers on the project (including staff and volunteers at cooperating organizations). Due to the scope of the project, the committee was not able to develop tools to do extensive data collection or analysis for each of these groups. They did create a brief individual survey for attendees at the film-screenings, which involved a Medicine Wheel-based graph. (For other examples of how the Medicine Wheel might be used to gather results, see page 13.)

How has it been applied in the past?

First Voices, **Phase 3:**

Another application of the Medicine Wheel was undertaken during Phase 3 of *First Voices*. Once again, indigenous youth from the North and South teamed up to collaborate and share stories through the arts. This time the southern youth were from Botswana, and the art form was music. After a number of cultural activities, workshops, and opportunities for team building and collective song writing, the youth went on tour, performing original and traditional pieces across the Atlantic Provinces. Again, the committee felt it was important to give audience members an opportunity to participate in evaluating the project, but decided they needed a new tool that would better suit the tone of these high-energy musical performances. They posted a large poster-board Medicine Wheel on the wall, and invited audience members to write comments about the performance in any of the four quadrants. Over the course of the tour audience members shared thoughts such as:

This provides a good example of how the Medicine Wheel Evaluation Framework can be adapted to match the tone of the project and its various stakeholders. One issue with this method, however, was that it didn't deliver an entirely objective analysis, as the public format tends to solicit more positive feedback. Nevertheless, paired with more objective methods of evaluation, this provided an opportunity for another group of stakeholders to participate in and inform the evaluation process.
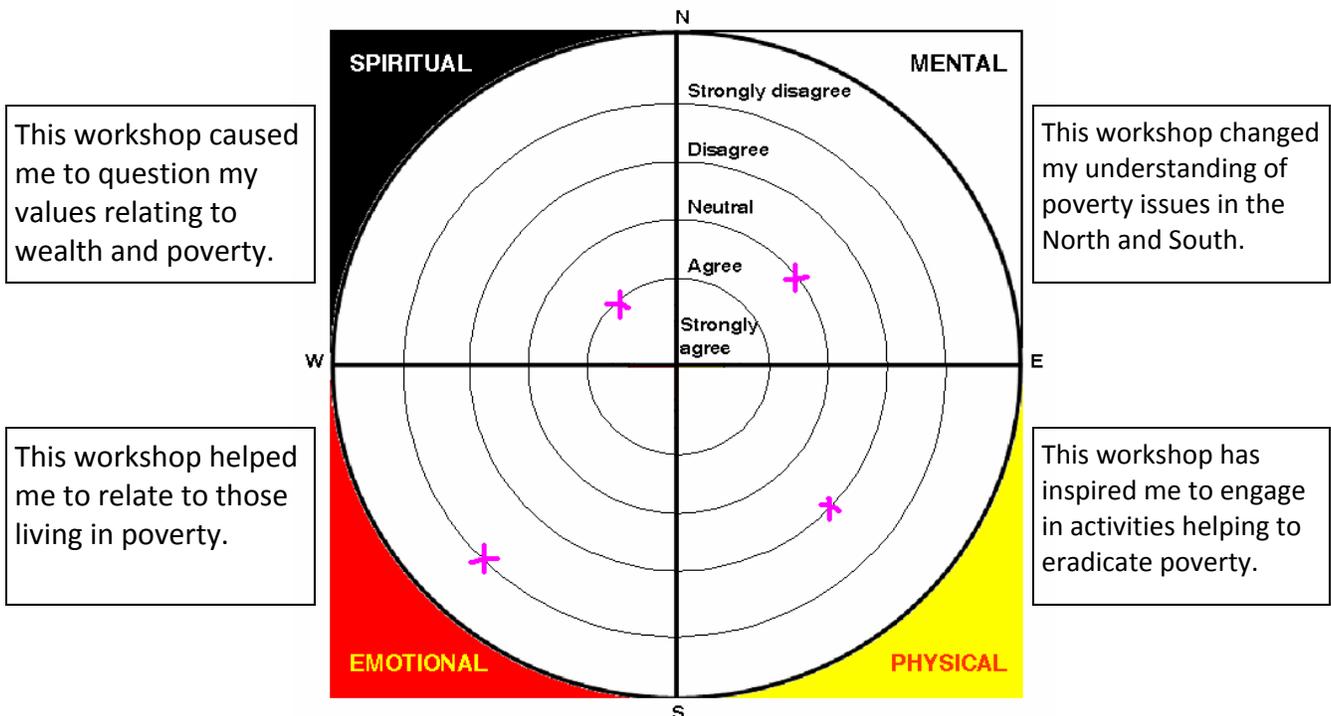
How to gather, analyse and report results

As this guide has emphasized, the Medicine Wheel Evaluation Framework, when applied, should differ greatly from project to project, reflecting the specific context, activities, and stakeholders. This, of course, extends to methods of gathering and analysing evaluative information. In continuing to foster a participatory process, this is a great opportunity to enlist stakeholders in coming up with innovative and contextual ways to collect and analyse significant information. In keeping in line with the Medicine Wheel framework, our evaluation tools may be conventional or they may be creative, so long as they're authentic, participatory, and address all four quadrants of the Medicine Wheel.

For example, we might uncover qualitative impacts is through creative journaling. At the end of each day or week of the project, participants and other stakeholders are given a sheet of paper with an image of a blank medicine wheel on it, and asked to write or draw something about how they've changed or been impacted in each of the four quadrants.

For a project that's more communally-based and/or meant to promote team building, perhaps group discussions would be more appropriate, where the group has to work together to develop statements that answer one or two quadrant-specific questions periodically throughout the project.

When gathering quantitative results, we might adapt a conventional survey. This way, we've taken a familiar evaluation tool, and simply opened it up to elicit results in all four quadrants of the Medicine Wheel. For example, in response to a poverty-reduction themed workshop:

This workshop caused me to question my values relating to wealth and poverty.

This workshop changed my understanding of poverty issues in the North and South.

This workshop helped me to relate to those living in poverty.

This workshop has inspired me to engage in activities helping to eradicate poverty.

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Conclusion

The aim of this guide has been to inspire and steer us towards more holistic and participatory methods of evaluation. Using the framework laid out in these pages, we can begin to develop new and creative evaluation tools, utilizing input from and collaboration with diverse stakeholders in our projects. These tools will not be limited by conventional, linear models, and will expand to draw out responses and capture results previously untapped. Through weaving together these new narratives, we uncover and develop a greater narrative that underscores our projects — a more clear and complete story that honours the various interconnected outcomes our projects bring about.

Approach this method with care. Take this opportunity to explore the spiritual and cultural significance behind the Medicine Wheel so as to better understand and respect the traditions it springs from. Apply it appropriately — make it your own. Use this holistic tradition to inspire your own practices. Take advantage of the openness and elasticity of the framework, adapting it to suit your project, rather than replicating a foreign model.

Lastly, remember to have fun with it. Evaluation shouldn't be a annoying chore or an afterthought we tack on to a project during report-writing season. It can help us to develop meaningful, participatory, well-rounded projects throughout the entire process.

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