

**Circle of Engagement Model: A Cultural Guidebook to Help Build Trust  
and Collaborations Between Health Planners, Health Trainers, Health  
Service Providers, Educators and First Nations**

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*Thankfulness & Purpose in Every Step*

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## Purpose of this Guide

The purpose of this guidebook is to offer a framework or model that can be used as a tool when developing and implementing a training project between health trainers and First Nations. This guidebook uses health training as an example however it can also be used by health planners, health service providers, and educational collaborations with First Nations communities.

The Circle of Engagement relationship-building model draws upon cultural concepts as taught by the land, and it starts with the authors' reflection of her family's tradition of meeting in a lodge with a group of people:

*The lodge of the people is made on Mother Earth (Oo-Kaa-Uii-Mau), creating a space to comfortably meet. The people, who come from different directions, bow low through one entrance in humility. The people sit with equality across the centre on common ground.*

*The communication that is shared in the lodge is similar to that which is taught by the land. When one is walking on the land the mind opens; indicating when the 'journey is honest, the pathway becomes clear'. This openness allows the other senses to come alive; to listen, watch and intuit what is going on around us. Being honest with ourselves and each other is necessary towards development of trust.*

*The land teaches us that we should develop good habits so that we can provide for our families. The ceremonies that are created around lands-based cultural teachings helps us remember. A circle depicts a complete cycle with the most fundamental aspects of First Nations cultural values at its core. Meeting together using the context of numerous circles depicts an evolving narrative where newcomers are traditionally adopted into the circle.*

The Circle of Engagement model is meant to be used *broadly*; to draw upon its key concepts to help guide your work. The model draws attention to the *potential* that can be created from *people* whose pathways on their respective journeys can cross at any time. *It is based on a belief that people who find themselves together, with a common energy or destiny for a given period of time, can partake in an inspirational, creative and intuitive process.*

In summary, this guidebook has been created to help trainers and First Nations communities develop relationships in a good way and carry out health training and education events with the goal to have longer term, sustainable health outcomes.

### ***Recollections Shared by a Traditional Hunter***

*As a native person hunting and being on my land there are no thoughts in my mind that I can say  
“those are good ideas” or “that’s the best idea”.*

*The open land keeps me thinking like when I’m breathing or feel my heart beating.*

*It is a lot of work to just walk on the land.*

*To survive on the land a person has to have the habits that reveal the land in his eyes and ears,  
his whole body and his mind.*

*The best way I remember all those things is to keep an on-going story of me on that land.*

*Whatever the land provides, its clear I won’t go beyond it.*

*There is no need as I get what I need.*

*The land that I know is larger than me and it knows more than me.*

*What I know is all I need to know.*

*This land is my home, my lodge in life.*

*If I believe there is more I need to know then maybe my lodge is too big in my mind, too many  
questions, too many answers I want...but I don’t need.*

*-Anonymous, verbal interview 2013*



S. Wilson, 2013

## 1.0 Considerations for Trainers

### 1.1 Preparing to work with First Nations

There are key questions for trainers and educators to consider when planning to work with First Nations that are similar for researchers who wish to work with First Nations communities:<sup>i</sup>

- Has there been adequate input and consultation when identifying health training needs with the First Nations community?
- Has there been meaningful collaboration and ownership of the training project by the community?
- Has there been meaningful inclusion of community expertise and cultural guidance in the training initiative?
- Has there been adequate funding opportunities for projects initiated by communities?
- Have barriers to training been considered such as accessibility issues and high costs of living and travel?

As a result of these questions trainers interested in working with First Nations may consider:

- Fully acknowledge and appreciate the expertise of the First Nations Peoples,
- Assist community members in pursuing and securing funding for training,
- Work with communities to build trust and work as partners on the training projects,
- Consulting directly with communities regarding proposed training well in advance of the proposed start dates, investing in the planning stages when engaging with community,
- Negotiate informed consent and ownership issues (ie. pictures, recordings, sharing results of the training outside of the community, and publications of reports)
- Provide adequate compensation for those providing information for a training project, or hire those in the community to help with the process.

In terms of training related to First Nations *health*, First Nations peoples may also require trainers to have *adequate* knowledge and understanding of:<sup>ii</sup>

- The disruptive impacts of colonization on the health and well-being of First Nations peoples,
- The names, territory, language, demographics, culture, history, governance of the First Nations communities they seek to work with, including pertinent historical documents that the First Nation has signed,
- Relevant Canadian federal and provincial government legislation and policies that relate to the health and training of First Nations peoples they seek to work with, including the Indian Act, treaties, health insurance policies, community health agreements, education and training and social development policies,
- Holistic determinants that have an effect on First Nations health,

- The United Nations Declaration of the Rights of Indigenous Peoples,
- World views of western society and lands-based cultures:

This table represents two world views on beliefs and values:<sup>iii</sup>

<b>Western World View</b>	<b>Lands-Based Cultures</b>
Seeks Homogeneity (similarity)	Honors Diversity
Values Individuality	Values Sharing & Extended Family
Competitive	Cooperative
Linear	Circular, Cyclical, Part of a Whole
Time constraint	Time is Relative
Control over nature	Relationship With Nature
Scientific evidence-based	Experiential-based

## 1.2 Community as Partners in Health Training

Working as partners with First Nations in training projects has the potential to create the following benefits to community:<sup>iv v</sup>

- Community is able to determine the need for the training and whether it is a priority for the people,
- Community ensures that the design of the training is culturally relevant, holistic and is designed for success; that the type and scope of Western training and traditional teachings are determined by the People,
- Community capacity is enhanced through exercising community planning, control, commitment and sustainability of employment, training and education programs,
- Community is able to establish and draw upon a foundation of knowledge or skills to inform decision-making, planning and policy development in the community.

## 2.0 Welcome to the Circle: The Circle of Engagement Model

This section outlines four circles of engagement for trainers to consider as they endeavour to strengthen relationships as they work with First Nations communities in training initiatives.

**Each circle includes:**

- a) the people who may be involved in the circle,
- b) the activities that may take place in the circle, and
- c) how the circle or cycle is completed.

Each circle builds around a core idea or conduit that has the potential to create a circle of growth. Each circle is created and completed within its season so that another circle can build upon it. **Appendix A** shows the Circle of Engagement Model similar to the rings of a tree.

### 2.1 First Circle: Determining If There is a Possibility for Training

- a) **People who may be involved:** any number of people who identify a training need in health. They may be a health technician or health administrative worker in the community, a political leader, an educator or trainer from a government health agency, health employer or educational institution, a student or traditional teachers from the community. The training need may be on the minds of several people whose journeys can overlap and cross many jurisdictions.
- b) **Activities:** Two or more people may have informal conversations and discussions about an idea for training over a given period of time. If a critical level of interest is maintained over time and the guiding tenets of cultural competency are understood and respected, then potential exists for the idea and information to be brought to a further level of action.
- c) **Closing the circle:** Parties from agency and community agree to the next round of active engagement and begin preparations to bring together the relevant members from each party to discuss the idea in more detail.

## 2.2 Second Circle: Determining the Benefit, Feasibility, Ownership and Commitment of the Training

- a) **Those who may be involved in this circle:** Minimum of two Parties (but could be more): training agency, health employer or education or government institution representatives, and technicians and decision-makers from community (ie. Chief or Councillor, Health Director, Administrator, Executive Director, Education Coordinator, traditional educators and/or role models, meeting coordinator, minute taker, and Elder(s)).
- b) **Activities:** The second circle is a meeting between those in authority from two Parties such the training agency (education or government) and the community. This is a time of evaluating whether the training idea is deemed as important to the community, whether it is feasible and beneficial for both sides, and whether there can be a potential working relationship. The training idea is proposed to the group in a thorough fashion and is discussed.

At this stage it is important for trainers to understand that there are attributes and behaviours that may be considered compatible to a working relationship with First Nations People's:

- *Western/traditional teachings-* First Nations community members may be open to receiving training by a person who has Western credentials, and they may be equally open (if not more) to respected teachers in their territory with traditional knowledge and experience<sup>vii</sup>,
- *Humility-* it is good if a person is perceived as kind and humble, respectful and a good listener,
- *Openness, willingness to learn and be transparent* – appreciate everyone's input, and respond to feedback as honestly as possible (it is acceptable if you need to seek out an answer to a question),
- *Patience-* allow for reflection and thought when expecting others to provide input or answer questions, and understand that sometimes an answer may require further time for discussion and future meetings,
- *Respect First Nations culture* –be aware that community or cultural events may delay or interfere with meetings or training, such as harvesting or a death in the community,
- *Other appropriate communication:* be sincere, use a calm tone of voice, be comfortable with humor and silence, be relaxed and responsive,
- *Sharing of food is important:* food is shared and appreciated by all, it sustains us and provides us with energy for the task that is before us.

**Note: There is a tendency to rush through this circle due to time or financial restrictions. A few meetings or visits may be required to complete this circle in order to gain a sense of commitment and ownership by both sides. Be prepared to *invest* in the time to meet further to clear up uncertainties or concerns as it will help in the long run.**

- c) **Closure of the circle:** Each side talks about the training opportunity together and then takes time to discuss amongst themselves, and makes a decision whether to pursue the training. If the Parties decide to move ahead then they make preparations for the next circle of engagement.

### 2.3 Third Circle: Negotiating a Training Partnership Agreement

- a) **Those who may be involved in this circle:** A *working group* of designated technical personnel from community and training agency or organization, employer or educational institution, coordinator, note taker and elder(s).
- b) **Activities:** Develop a Training Agreement (TA) which uses principles similar to Research Agreements that are commonly used in First Nations community-based research.<sup>viii ix</sup> The Training Agreement is a *negotiation tool* that outlines the roles of the partners and helps to mutually establish ground rules and expectations in all aspects of planning, implementation and evaluation of the health partnership training event. The principles and elements of this agreement can be designed to meet the negotiation needs for training and education projects of varied type, duration and size and the numbers of meetings will be determined accordingly. It is important not to rush this phase, as this is the appropriate time for *detailed* planning. It is also important to note that a TA is distinct from a Memorandum of Understanding (MOU) which is generally promisory; acknowledging in writing the *willingness* of the parties to work cooperatively. Many companies and government agencies use MOU's to define their working relationship with First Nations. The TA is a cooperative agreement that is more specific and detailed as both parties negotiate an agreed upon standard of performance and expectations.
- i. **Identify Team Partners on the training agreement:** The community, and the trainer are full and equal partners in all aspects of the training process and should be identified on the front page of the agreement including contact information.
  - ii. **Purpose of the training:** The purpose must reflect what is important to the community and should be clearly articulated in the agreement.
  - iii. **Scope of the training:** This section outlines the training goals, objectives and timelines, including the scope of how western education/training will be balanced with traditional teachings.
  - iv. **Expected outcomes & benefits:** Mutual benefits that have been discussed in circle two should be clearly articulated in the agreement. It should be evident by now that both sides are feeling a sense of commitment to the project and a sense of ownership. The mutual benefits will be especially important in order to achieve outcomes that have long term effects and sustainability in the communities.

- v. **Roles & responsibilities:** The roles, responsibilities and expectations of all of those involved in planning, delivering and evaluating the training (ie. working group, instructors, facilitators, elders, students, support staff, caterers, administration, advisory committee) should be written down in the agreement. This will help to clear up uncertainties later on and help to create efficiency during implementation.
  
- vi. **Funding:** Mutually work out budget and reporting requirements.
  
- vii. **Training Methodology:** The training approach, communications, design and materials will be reviewed, re-designed if needed, and approved by both parties:<sup>x xi</sup>
  - Location of the training - taking into account such things as logistics and accessibility, childcare, comfort, internet access etc.
  - Curriculum development - develop together (community may want to include cultural teachings, historical context, guest speakers, etc.). The strengths, culture, expertise, language and traditional norms of the community are respected and drawn upon whenever possible.
  - Schedule - the community will have knowledge of the anticipated needs and challenges of students or participants such as transportation, childcare etc.
  - Support system - community may want to have tutors, elders and/or mental health supports or counsellors built in to the training,
  - Application form and acceptance criteria - design together (the community may have knowledge on how to best screen applicants for success),
  - Instructor and/or facilitator recruitment and hiring - community may want to be involved in this especially if the health subject is sensitive,
  - Materials required - approve and design together,
  - Evaluation design - approve and design together,
  - Committee to oversee the implementation - acts as a resource to provide on-going support, problem solving and reporting especially for training that takes place over a longer period of time,
  - Conflict resolution process.
  
- c) **Closure of the Circle:** The working group completes the negotiation of the training agreement. If the agreement is endorsed by the training agency and the community leadership, preparations are made to implement the training/education project.

## 2.4 Fourth Circle: Training Implementation, Evaluation and Completion of the Training Project

**a) Those who may be involved:** trainers/agency/institution representatives (coordinator, teachers/ instructors, administration), financial support agency or community finance department, trainees and their families, leadership, administration, support staff (ie. tutors, counsellors), elders, helpers or coordinator or advisory/support group .

**b) Activities:**

The training is carried out as outlined in the agreement. The agreement can be re-visited and revised if needed if problematic areas show up during this phase (they will likely be small if the TPA was done thoroughly).

A graduation ceremony or event at the end of the training offers a time to celebrate and give recognition to the students for their achievements, and to those including families who have supported them and contributed to the training.

A debriefing meeting is carried out after the training is delivered. The evaluations are reviewed, discussed and included in the report. Follow-up thank you's are extended by letter, card or media to the appropriate people.

**c) Closure of the circle:** After tasks are finalized there is potential for the working relationship to remain open for future opportunities in training between the Parties in the agreement.

## 3.0 Conclusion

It is the author's hope that when applying the concepts in this guidebook, it will help enhance relationships between trainers and First Nations, and in turn, will enhance the health outcomes of the community as a result of the project.

In summary, some of the benefits of following the Circle of Engagement process include:

- Promoting accountability (honesty),
- Accommodating a wide variety of people from different sectors,
- Increased investment in meetings reveals hidden opportunities such as learning more about the needs and issues of others, gaining a better understanding (quid pro quo) of those who you will be working with, and to 'see' each other beyond the agenda,
- Investing time in pre-planning allows for mutual buy-in, commitment and ownership which increases the success of the initiative,
- Thoroughness taken within each circle ensures that no one gets left behind, steps are covered so they do not need to be retraced, everyone is on the same page, and everyone holds a measure of accountability and responsibility.

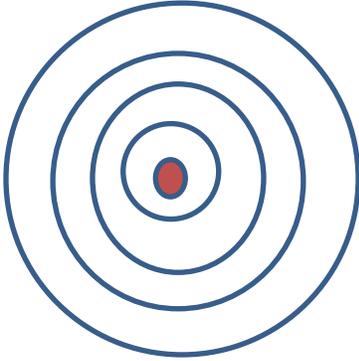
It is the author's belief and experience that those who are able to engage with each other in this way experience a respectful and healing process that promotes trust. Effective training and education in health is about *people working together* in a good way, not only about the *information* that is to be provided.

*As our Mother Earth teaches us, it is in our relationships where our legacy of healing and strength is found.*

*All My Relations.*

## Appendix A: Circle of Community Engagement Model

### The Circles:



- **First Circle:** An idea is shared between two or more people and if interest is maintained it forms the core idea
- **Second Circle:** A larger group discusses the idea in further depth and decides if they can work together
- **Third Circle:** A working group negotiates a Partnership Training Agreement for the event or project
- **Fourth Circle:** The event or project is implemented, evaluated, reported and completed, with opportunity for the future



Ponderosa Pine Tree Photo by S. Wilson, 2013

## **Appendix B: Training Agreement: Example of Headings**

Section 1: Parties [& Partners]

Section 2: Purpose of the Training

2.1 Summary

2.2 Goals

2.3 Trainees

Section 3: Party [& Partners] Obligations & Responsibilities

3.1 Trainer [Name]

3.2 Community [Name]

3.3 Partner Communities

3.4 Coordinator [Name]

3.5 Dispute Resolution

Section 4: Scope of the Training & Logistics

4.1 Workshops

4.2 Other Sessions

4.3 Building Capacity Efforts

Section 5: Outcomes

5.1 Expected Benefits & Risks

5.2 Evaluation

5.3 Reporting

Section 6: Term and Termination

APPENDIX A- Business Contract: [Community & Trainer]

APPENDIX B- Trainer Resume

APPENDIX C- Communities Map

APPENDIX D- Community Health Profile

APPENDIX E- Workshops Curricula

APPENDIX F –Evaluation Tools

## Appendix C: Example Elders Protocol<sup>xii xiii xiv</sup>

### Principles

1. It is important to seek the assistance of local elders or cultural/spiritual advisors for functions, especially from the Nation that is hosting the event or on whose land the event is being held. It is important to acknowledge and respect traditional protocols of the particular Nation when hosting gatherings or events involving Aboriginal communities.
2. Elders or spiritual advisors provide moral and spiritual support and guidance at gatherings or events. This can consist of opening and closing prayers, reflections, guidance, encouragement, sharing knowledge/stories, overseeing the event, and/or participating in discussion where appropriate. Elders represent the People, they are respected and help keep people responsible and accountable. Their presence is comforting to the People.
3. At the recommendation and protocol of the partner community (which may include offering tobacco) visit the Elder's family or helper and the Elder. Discuss the event with them and invite the Elder to the event if he/she is interested. The partner community will advise on the amount that should be given to the elder.

*Arrival of the Elder at the event:* Greet the Elder (and his or her family or helper) at the door and show them how to register, where to sit and where the restrooms and refreshments are. Visit with the Elder and discuss their role in the agenda, offer clarity and support if needed. Always ensure that someone is looking after the Elder.

*When the event begins:* Acknowledge the territory where the event is taking place, ensuring beforehand that your information is correct and traditional names are pronounced correctly. The elder may be invited to open and close the event with a prayer, and also say a prayer for the food (some will want to have a food offering). Elders should eat first and can be offered to either have someone serve them or serve themselves.

**At the closing of the event:** Publically thank the Elder and give them a gift. Give the honorarium to the elder in private.

## Appendix D: Agenda & Budget Templates

### EXAMPLE: ONE-DAY TRAINING AGENDA

#### Morning

- Set-up of venue (tables, chairs, registration table and materials, decorations, sound system, information technology, lighting, displays, booths, door prize table)
- Registration—sign-in sheets, event package (agenda, acknowledgements, information, evaluation), name tags, pens
- Welcome by Leadership, those who planned the event, facilitator or MC, traditional welcome (welcome song)
- Prayer by elder
- Introductions
- Create a safe space (identify group rules)
- Housekeeping
- Icebreakers
- Training
- 10-15 minute break
- Continuation of training

#### Lunchtime

- Lunch break
- Prayer by elder
- Food offering &/or feast song (depending on protocol)

#### After Lunch

- Training
- 10-15 minute break
- Training
- Closing words & hand out evaluation forms
- Gifting to participants & trainees
- Door prizes (from registration)
- Collect evaluation forms – draw for final prize
- Closing prayer by elder
- Dismissal

## **EXAMPLE: BUDGET CONSIDERATIONS**

### **Revenues**

- Training dollars contribution
- Other financial contributions: Health Authorities, local businesses, communities, partners in health
- In-Kind contributions: employee time for planning meetings & time at the event, office supplies & overhead, gifts, volunteers

### **Expenditures**

- Invest in working group planning meeting costs (snacks or lunch, elder honoraria, travel)- as many meetings that is needed to set up the training for successful outcomes
- Venue rental fee
- Trainer/facilitator costs
- Trainee fees– determine target group
- Catering fees– plan bidding process
- Travel expenses & accommodation
- Elder honoraria
- Materials & supplies
- Childcare

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