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Résumé

Le travail en collaboration avec les collectivités pour favoriser la santé : la participation d'enfants et de familles d'un milieu urbain défavorisé à des cercles d'apprentissage

M. Judith Lynam, Erin Grant, Katie Staden

Les auteures présentent brièvement un projet de clinique externe innovateur en raison des types de partenariats qu'il a établis dans le contexte d'un milieu urbain défavorisé. Le projet visait à permettre à des enfants et à des familles vulnérables, à cause de leurs situations sociale et matérielle, d'avoir accès à des soins de santé primaires et à des services spécialisés. Grâce à un engagement et à un dialogue continus, les cliniciennes et la collectivité ont établi un certain nombre d'engagements avec les enfants et les familles. Les auteures utilisent le cas des cercles d'apprentissage pour décrire l'incidence des connaissances et des façons d'être autochtones sur les méthodes mises en œuvre pour travailler avec les enfants et les familles autochtones. Elles réfléchissent également aux effets que cette approche a eus sur l'engagement de la collectivité et examinent comment elle pourrait permettre de réaliser l'équité en santé.

Mots clés : cercles d'apprentissage, engagement de la collectivité, enfants et familles autochtones, soins de santé primaires

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Engaging With Communities to Foster Health: The Experience of Inner-City Children and Families With Learning Circles

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The authors briefly introduce a clinical outreach initiative that is innovative because of the types of partnerships that have been formed within an inner-city community context. The initiative was designed to foster access to primary health care and specialized services for children and families who are vulnerable because of their social and material circumstances. Through ongoing engagement and dialogue, the clinicians and the community have developed a number of points of engagement with the children and families. The authors use the case of Learning Circles to describe ways in which Indigenous knowledge and ways of being influenced the approaches taken to working with children and families. They reflect upon the ways in which this approach influenced community engagement and consider its potential for achieving health equity.

Keywords: Learning Circle, community engagement, Aboriginal children and families, primary health care

Nursing has a long tradition of working within, and in some cases with, communities and other disciplines to provide illness care and promote health. The substantive knowledges drawn upon in framing nurses' work have been influenced by an array of theoretical perspectives but are derived primarily from (Western) biomedicine and social sciences. Increasingly, however, as we question our assumptions about knowledge, critically appraise and reflect on our practice, and recognize and seek to address the conditions underlying health inequities, new traditions are being drawn upon. Postcolonial scholars recognize that such reflection can direct our attention to the ways in which the "authoritative voices" that arise out of dominant discourses, and associated processes and practices, can contribute to conditions that silence and marginalize. Researchers are challenged to make visible the consequences of such silencing and to explore strategies for recognizing "subjugated knowledges" (Bhabha, 1994; Browne, Smye, & Varcoe, 2005) and incorporating them into broad discourses.

In this article we share insights from a community-based participatory study of the RICHER[1] clinical outreach initiative introduced to foster access to health services for inner-city families (Lynam, Loock, Scott, & Khan, 2008; Lynam, Scott, Loock, & Wong, 2011; Lynam et al., 2010). We use the case of Learning and Sharing Circles to illustrate how work with children and families, conducted by both the community and clinicians in a culturally diverse community context, was influenced by Indigenous knowledge and ways of being. We describe the ways in which the Learning Circle emerged as a strategy for fostering engagement and capacity-building. We explore the epistemological roots of the Learning Circle approach, illustrate its uniqueness and its conceptual links with Western professional knowledge, and share community members' perspectives on its impact. We end the article with our own observations of the mutual learning that occurred as the strategy was proposed, introduced, and thoroughly explored.

The community proposed the Learning Circle strategy and requested support for introducing the concept to broader audiences. The investigators responded by working with two undergraduate students, each of whom brought different areas of expertise to the project, including a history of engagement within the community, knowledge of the Learning Circle concept, and experience working with children with different abilities. In undertaking this exploration, we drew upon the expert knowledge of community members and engaged in considerable dialogue and reflection. Once we completed our analysis of the principles, practices, and processes of Learning Circles, we took the analysis to Learning Circle participants to seek their input.

The Community-Based Research and Clinical Practice Initiative

Health inequities arise out of a complex interplay of structural and social factors. Addressing these inequities therefore requires an array of interventions. Perhaps more importantly, evidence suggests that it requires a transformation of relationships in order to create avenues for engagement. In our case the point of entry to the inner-city community was a concern with fostering access to primary health care and specialized services for children and families. In particular we worked in partnership to foster access to supports and clinical resources to nurture children's development. The census data for this inner-city neighbourhood indicate that more than two thirds of the families live in significant poverty, more than

[1] The Responsive Intersectoral Children's Health, Education, and Research (RICHER) initiative: http://www.bcchildrens.ca/Services/SpecializedPediatrics/RICHERInitiative/default.htm.

half of the children live in households headed by a single parent, approximately one third of the families report being of Aboriginal heritage, one third of the families report being new immigrants (Statistics Canada, 2005), and up to 66% of the children enter school developmentally vulnerable (Kershaw, Irwin, Trafford, & Hertzman, 2005).

From the outset of our work together, the professionals were concerned with supporting engagement and capacity-building. This is reflected in how the clinical initiative was constructed and the nature of the relationships that were established between clinicians and the community. Concomitantly, our community partners were developing a comprehensive "place-based" strategy such that the RICHER clinical program is a component of the broader community strategy.

We engaged with the community, listened as people recounted their experiences, and analyzed the research data. We came to "see" that the conditions of poverty and disadvantage experienced by the majority of families were, for the Aboriginal families, compounded by the persistent and pervasive structural violence and the legacy of colonial policies (e.g., residential schooling) that separated parents from children and created a generation who did not know how to engage within the family in order to nurture child development — because they had no opportunity to learn to do so. Such colonial policies have undermined the ability of many Aboriginal parents to support their children's development. As well, in many instances the displacement of both Aboriginal and immigrant families from their traditional communities, and practices that have disrupted their place in history, have contributed to a sense of marginality in this urban community. This article presents one example of how the partnership approach has been enacted to achieve the broad aim of health equity.

Social conditions associated with health inequities include poverty, social exclusion, marginalization, and isolation. Furthermore, population analyses have shown that the impact of social and material disadvantage is cumulative over the life course (Power, Stansfield, Matthews, Manor, & Hope, 2002). The RICHER initiative has sought to take direction from evidence showing that, with appropriate supports and interventions, the negative effects of social and material adversity on child health and development can be mitigated (Shonkoff & Phillips, 2000) and that social connectedness, purposeful participation in society, social engagement, support, and affirmation can mitigate the negative impact of material disadvantage (Killoran & Kelly, 2010; Lynam, 2005; Lynam et al., 2010; MacIntyre, 1997; Werner & Smith, 2001).

Such analyses show that while health inequities manifest as poor health or developmental delay, *many of the solutions are social*. In RICHER, in addition to providing access to typical primary health care

and specialized services, the clinicians and their community partners *engage with such pathways of influence*.

As RICHER has evolved, new processes have been instituted for ensuring ongoing dialogue and community input into how services are developed and delivered (Lynam et al., 2010). The partnering organizations are particularly mindful of the legacy of history and are clear about the strengths they bring to the "table."

Since RICHER's inception, both professional and community partners in the initiative have made an explicit commitment to capacity-building. To date, however, our analyses have not systematically accorded attention to the conditions and approaches used to nurture the development of community capacity and knowledge. While all partners voiced a commitment to mutual capacity-building, it was through dialogue with our community partners that we became aware of the extent to which our stance on capacity-building was taken from a traditional "professional expertise" model, which places an emphasis on building the professionals' capacity to work more effectively with the community. Similarly, although we were committed to developing practice approaches informed by community-based expertise and knowledge, we recognized the need to enhance the approaches taken and acknowledge the expertise of community members in the ways that the program engages to build capacity, particularly in domains deemed important in the community. Thus, we shifted our focus to the community's strategy for engagement and capacity-building.

Learning Circles: The Community's Strategy for Fostering Inclusion and Capacity-Building

The community introduced the Learning Circle in order to acknowledge the expertise of community members while building (knowledge) capacity through ongoing sharing and engagement. The authors of this article participated in developing resources to be used in some of the group activities, conducting background research, and creating a teaching tool to introduce the concept to professionals and to groups and organizations exposed to it.

The Learning Circles were introduced and used to "structure" engagement of different groups (e.g., parents' group, safety committee, children's summer day camp) in addressing issues that had been identified by the community as priority areas of concern. It quickly became evident that the Learning Circle offered a mechanism for drawing upon participants' insights and a means for bringing individual and community expertise together with, in some instances, professional knowledge to extend and enrich understandings.

As the community strategy unfolded, and as we reflected upon it, attention was drawn to the underlying tenets of the approach, such as being grounded in Indigenous knowledge and ways of being. While the concept of Learning Circles was implicitly meaningful for the community leaders and many community members, the professionals and researchers among us needed to have the concept "translated" and its value illustrated. And, as the concept was being taken up in an urban context, we anticipated that some of the principles would be adapted to the new context. This article is the product of the process of explicating the tenets of Learning Circles, illustrating how these were introduced, exploring the conceptual links with other literatures, and sharing the views of community members on their experiences of engaging with Learning Circles.

We illustrate the processes by focusing on two of the cases.

Parents' Group

A mothers' group evolved into a parents' group. In these Learning Circles, parents identified areas of concern or interest and, with support, learned how systems governing the issues operated, what avenues were open to them for addressing issues, and how to share their knowledge and their position on the issue of interest. Through this process, they gained skills in navigating such systems (e.g., learned about which city departments are responsible for social planning and the rules that govern consultation with communities, about the relationship between school board trustees and neighbourhood schools, and how to go about securing funding for a community-based parenting initiative).

Children's Summer Camp

In this neighbourhood a disproportionately high number of children have developmental and/or learning challenges that interfere with participation in typical community programs. The community therefore sought to create a mechanism for supporting the inclusion of children in summer activities. It introduced a counsellor-buddy program whereby the staff-to-child ratio was raised by pairing each child with a buddy to help him or her navigate group activities and to provide additional support. The buddies and counsellors were trained using a Learning Circle approach. The circle was a strategy for training the counsellors/buddies to include children with different abilities and disabilities in play and activity groups with peers of the same age. The Learning Circle concept and the peer buddies were introduced as new features of the counsellor training program.

Our Analytic Stance: Methods Used to Explicate Tenets of Learning Circles

Our starting point for making visible the tenets of Learning Circles, as operationalized in this context, is the recognition that health-care knowledge and expertise extend beyond the biomedical domain to include knowledge that patients hold and acquire in order to manage complex and chronic health conditions or to navigate their day-to-day lives. Our strategy built on this premise and set out to explicate the elements of Learning Circles. We then examined the roots of Learning Circles in traditional Aboriginal knowledge and practices and identified points of connection with Western science. In this process of explication, we drew upon community members' knowledge of traditional practices and engaged in discussion about the ways in which the Learning Circle traditions are being adapted to the urban context.

In setting out to analyze the conceptual roots of Learning Circles, we became aware of the inherent contradictions of doing so. If we value different forms of "expertise," then why "evaluate" expertise in relation to more empirical or Western theoretical understandings? Does the affirmation of traditional practices and knowledge on the basis of Western or professional understandings of science increase their value? And if so, increase their value to whom, and what processes are operating in making such a hegemonic claim?

While we have not resolved the tension inherent in such contradictions, our decision to engage with these perspectives in this article builds upon a number of scholarly traditions.

The first premise follows from the literature reviewed above. That is, if we are to take a stance that recognizes multiple forms of expertise while creating avenues for the academy and practitioners to engage with "subjugated knowledges," we must identify points of connection between different knowledge traditions. Moreover, we must develop ways to recognize different knowledge traditions and bring them into professional discourses. We believe that the approach we have taken locates traditional knowledge alongside professional knowledge, and we hope that our analysis addresses the concern raised by Anderson, Pakula, Smye, Peters, and Schroeder (2011) that scholars must avoid "the placement of Indigenous knowledge in a secondary position behind science" (p. 44).

As our literature review attests, marginalization and exclusion are social processes and practices with negative health consequences. As well, in recent years the role of identity has been recognized as a cornerstone of healthy child development (Julien, 2011; Shonkoff & Phillips, 2000) and as a key concern of Aboriginal communities. Scholarship has shown that marginalization and inclusion are shaped by a number of structural

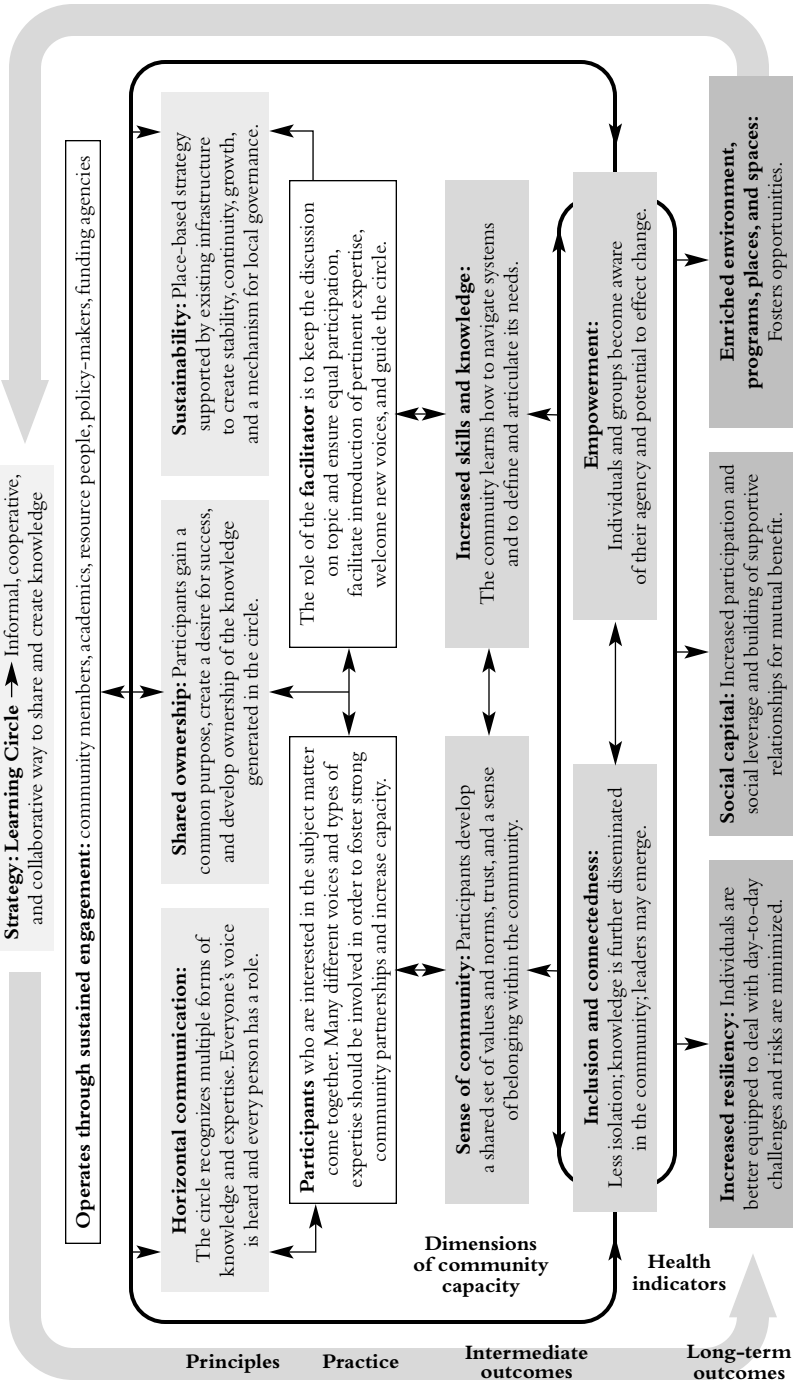
and social conditions, including day-to-day discourses. Individuals who "see" themselves — their heritage, their history, their language — positively reflected in their daily lives are more likely to feel included. Introducing the discourse of Learning Circles into day-to-day practices in the community is one means of recognizing the cultural heritage and expertise of many community members. Introducing the concepts in multiple forums and formats and illustrating their points of connection to other knowledge traditions could expand the everyday discourses of practitioners and community organizations while also reconnecting Aboriginal families with their own knowledge traditions.

We are mindful, however, of the need to guard against health professionals' commodification of, or construction of, Learning Circles as standard practice or as a formulaic solution to health challenges. As cautioned by Smith (1999), the alignment of Aboriginal ways of knowing/being and critical theory is not straightforward — there are tensions and contradictions surrounding issues of identity, culture, and epistemological assumption, with no consensus among Indigenous scholars and researchers as to whether Indigenous methodologies should draw from Western theoretical traditions. In presenting our analysis, therefore, we caution readers about the need for all those involved in such endeavours to refrain from co-opting traditional practices, to continually reflect on the impetus for the introduction of such practices, and to ask whose interests are being served.

As we embarked on our analysis, we created "points of connection" with our own understandings and those of others, while also accessing the expertise of our team members. For me (Lynam), the process led to the view that if we are to engage in dialogue to extend and enrich our understandings and to value different viewpoints, such points of connection give us purchase to begin the conversation. In theory, the partnerships between community, professionals, and scholars will strengthen the capacity for dialogue.

For me (Grant), similarly, the process of analysis helped to draw out these points of connection. Initially I was sceptical about the feasibility of working with low-income families and facilitating the type of participation and outcomes that are meaningful to all partners while at the same time safeguarding the principles of self-determination and individual autonomy. During the analysis, it became clear that, in theory, the Learning Circle could act as a mechanism to address this issue. The community, professional, and academic partners involved in the project have voiced a commitment to fostering resident participation, knowing that it is crucial to reducing the reliance on professionals and increasing the capacity of the community. The point of connection here is that the type of engagement that characterizes the circle not only can be traced back

Figure 1 *Explicating Elements of Learning Circle Strategy*



to Aboriginal tradition, but also resonates with certain feminist/critical methodologies and, more importantly, the values of our community partners.

For me (Staden), an interest in working with children to build their capacity was the initial point of contact. As the project evolved, engagement with the community and new theoretical discourses deepened my understanding of science and the relevance of different research approaches. Through engagement, I also developed an understanding of the ways in which broader circumstances influenced these children's health and I came to appreciate the role of community in working with and for the children.

The Learning Circle

In conceptualizing the Learning Circle process, we reflected on observations of the ways in which they were enacted to identify the principles operating, then considered these in relation to the literature on Learning Circles. This approach enabled us to make visible the underlying philosophy that characterized how participants engaged with one another and the community. We also named the processes and outcomes of this engagement. The product of our dialogue and analysis is represented in Figure 1.

Although Learning Circles are traditional practices of Aboriginal communities, their form and functions vary to reflect different cultural traditions. We explore Learning Circles in this article not to essentialize Aboriginal cultural practices but rather to illustrate how engagement with particular traditions can create avenues for dialogue while also enriching community and professional discourses. These points are particularly salient for this inner-city community, as the Aboriginal families are members of, or identify with, a number of different nations and many have lived only in urban settings. These diversities are reflected in their experiences with, and knowledge of, traditional practices. This community has much in common with other urban communities in Canada. As observed by Deane, Morrissett, Bousquet, and Bruyere (2004), "urban Aboriginal cultures . . . are fragmented and complex . . . a collage of jigsaw puzzle fragments . . . an amalgam of traditional values, mainstream adaptations, and inner city survival skills" (p. 246).

A number of scholars have observed that the roots of the Learning Circle can be traced back to a traditional form of dialogue among North American Aboriginal people (Nabigon, Hagey, Webster, & Mackay, 1999; Nicholles, 2009; Zapf et al., 2003). The Learning Circle is an informal, cooperative, collaborative approach to fostering engagement and dialogue within a community and for building capacity from the ground up. This

model is particularly effective in engaging those who have traditionally been excluded from decision-making processes and individuals who have not had a positive experience in more conventional learning environments (Mohajer & Earnest, 2009). These were important considerations for children and families in this community.

The Learning Circle is meant to be an *educational and relationship-building process* aimed at addressing issues identified by the community. In our cases, and in keeping with the literature, the agenda is set by and for the community. This ensures that participants have the power to construct their own culturally relevant notions of well-being or empowerment, instead of having Western/academic learning constructs imposed on them. By tapping into multiple forms of expertise, all participants gain a more holistic understanding of local conditions and are better positioned to develop integrated solutions to the challenges or barriers faced by the community. The engagement can also enhance the community's ability to access both formal and informal systems as they gain a clearer picture of the policy and political climate. Participants learn what systems look like, how to navigate them, and the types of barriers that exist (Ravensbergen & VanderPlaat, 2010).

One of the *central premises* of a Learning Circle is that it is characterized by *horizontal communication*. Horizontal communication legitimizes and validates community-based knowledge, or "tacit knowledge" (informal practices, know-how, creative ideas) derived from lived experience and local conditions (Bradford, 2005). Feminist and health scholars taking a critical stance observe that these forms of knowledge are generally unacknowledged by professionals. Horizontal communication is achieved when participants feel that the viewpoints and knowledge they bring to the circle are valued and "heard."

The validation that accrues from the horizontal structure is reinforced by messages of community ownership of the circle. In keeping with traditional practices, the neighbourhood circles operated in ways that were familiar to the community participants. The purpose of the circle explicitly aligned with issues of concern to the participants, thus contributing to the creation of a culturally safe environment for engagement.

In our cases, groups met in neutral and accessible spaces that were publicly "owned" or were governed by community organizations (e.g., community centres, schools), where people feel comfortable or have a legitimate point of entry. This ownership of space is particularly important for Learning Circles (Jarvis-Selinger, Ho, Lauscher, & Bell, 2008). In our cases, individuals also had built relationships with others and the trust that grew from these relationships appeared to nurture participation in the Learning Circle.

While in some respects Learning Circles create a sense of informality, as the above observations suggest, they are intentionally structured to foster engagement of people despite their social location. It is this openness and this strategy for respecting different viewpoints that distinguish the Learning Circle from professional and Western institutional organizational structures, which typically are characterized by hierarchical and role-related participation. In such formal or Western models, one's participation needs to be legitimated within the organizational structure. In forums dominated by a Western or professional perspective, many community members are structurally excluded, or, if invited, are often disadvantaged as they frequently have little exposure to, experience with, or knowledge of the implicit and explicit rules that govern or shape participation. It is not surprising, therefore, that community members indicated that they were often reluctant to share their views or ideas at this type of meeting because of their lack of knowledge about the rules and norms. As well, community members indicated that typically their knowledge or their perspectives were not perceived as relevant to the discussion. Such reflections draw attention to the contrasts between the Learning Circle approach and typical professional and institutional approaches to engagement.

These reflections on the Learning Circle led us to observe that *shared ownership* of the knowledge generated within the group is another key condition of the process. When participants have this sense of ownership, their commitment to the circle and their satisfaction with the process and outcomes are increased. At the same time, a sense of safety is created.

The importance of shared ownership may be particularly important for Aboriginal communities because of the persistent and pervasive impact of structural violence and the legacy of colonial policies (e.g., residential schooling). Similarly, the displacement experienced by many of the Aboriginal and immigrant families in this neighbourhood, both from their place in traditional communities and from their place in history, has, for many, contributed to a sense of marginality in their new (mostly urban) communities.

Our community partners have sought to develop a place-based strategy for inner-city families, the majority of whom live in the social and material margins. This strategy seeks to link people with community in ways that nurture the development of individuals' capacity to build networks of support and to "take their place" within a socially and culturally diverse inner-city community. The Learning Circle, when introduced in this community context, aligns with these broader goals.

There is an additional consideration for Aboriginal families. When the community claims shared ownership of its collective knowledge, the possibilities for appropriation of that knowledge are reduced. Shared own-

ership arises when participants engage in a process that is meaningful to themselves and the community. Participants possess the collective power to define and make their own decisions and have ownership of these decisions.

As described by Nabigon et al. (1999) in their discussion of Learning Circles, the *facilitator* or leader of the traditional circle acknowledges, supports, and encourages; is responsible to the group; may give information in the form of best practices or research findings; has "intervention power" — can ask follow-up questions or can ask for clarification; and works to infuse humour, build trust, and create an environment where people can heal themselves.

Nabigon et al. (1999) explain that in traditional communities the Elder does not necessarily facilitate in every circle but is consulted on how to conduct a circle because of his or her historical knowledge and expertise.

These observations indicate that the function of a Learning Circle facilitator is to coordinate the discussion as an equal participant in the dialogue. Similar principles have been identified as aligning with emancipatory educational practices by such scholars as Freire (2000) and recognized as influencing engagement within Aboriginal communities (Anderson et al., 2011).

At the starting point of a Learning Circle, some of the facilitator's first goals may be to link groups together, network, and bring in other forms of expertise (Jarvis-Selinger et al., 2008). To achieve these aims the facilitator should be familiar with local conditions and have the ability and credibility to cross different networks (Bradford, 2005). For example, a facilitator might have contacts in regulatory bodies, community agencies, and cultural organizations. Facilitators may be appointed by the group, or may rotate (Mohajer & Earnest, 2009; Nicholles, 2009). In our cases, the facilitators established connections with individuals and organizations in a position to further the aims of the group (for example, the children's circle involved individuals possessing expertise in working with children with behavioural or learning challenges).

The *participation* of individuals in a Learning Circle is based on their personal or professional identification with or engagement with the values, goals, and interests of the group. While the core group is drawn from community members, membership or participation opportunities may be extended to a broader group, including policy-makers, academics, and resource people (Jarvis-Selinger et al., 2008; Nabigon et al., 1999; Nicholles, 2009).

In Learning Circles, *learning extends beyond "facts,"* with a view to ensuring reciprocity. In our cases, the parents' group Learning Circle invited people who might be able to describe the social organization of

municipal departments and their respective jurisdictions. This initiative not only provided the parents with information but also drew attention to the gap between municipal processes and procedures and community involvement through community consultation processes.

In the summer camp circles, two of the authors introduced the Learning Circle concept as a strategy and then consulted with a variety of experts (consultants in child development and early childhood education) as they developed a series of "cases" to use as learning activities for the camp counsellors and peer facilitators. The circle activities complemented the typical counsellor training activities and, when accompanied by a mentoring strategy, created a mechanism for including children with developmental or learning challenges in summer activities with their peers.

A central consideration in structuring learning is the mechanism for bringing in additional expertise. In some contexts, participants may invite resource people into the circle. A parent explains:

> *We wanted amenity money from the City so we could develop a program for our kids, but we couldn't explain it in ways that the City understood. The Learning Circle facilitator brought this paper [referring to a City document] to the table, explaining how the City works for us. . . . I didn't understand how to get my words out until that example was shown to me. . . . I've taken everything I've heard from every mum in this neighbourhood, turned that paper over, flipped it, and said, "Okay, here's the start of it and this is how it's spread and this is how we can get them from point A to point B" . . . because I'm different, I do things differently.*

With these insights, the parents involved in the Learning Circle developed a multi-pronged neighbourhood strategy to build parenting knowledge, skills, and networks of support. Another parent describes the experience:

> *We did the circle and we did another project where [parents] . . . attended a preschool. They went on outings with families, they built relationships, they got to know the kids, they got to know what kinds of resources were available in the community and experienced 2 months of really, really good direct, hands-on experience . . . The hands-on really made a big difference.*

Strategy and Outcomes of the Learning Circle

Our analysis identified increased resiliency and social capital and enriched community environments as outcomes of engagement with the Learning Circles. We will briefly consider these outcomes in relation to the literature and then provide examples of how they were manifested in our data.

We characterize *resiliency* as the capacity to manage the day-to-day challenges of parenting, of living with limited material resources, or of making friends and coping with a particular health or developmental challenge. As shown in our literature review, a significant proportion of children and families in this neighbourhood live with the consequences of social and material adversity. To thrive in spite of adversity is to be resilient.

Our conception of *social capital* has theoretical roots in the work of Bourdieu (Bourdieu, 1983; Bourdieu & Wacquant, 1992), who uses it to draw attention to the inherent and often taken-for-granted value of social (and societal) infrastructure and to make visible the contextual (e.g., social, historical, and gendered) influences on what (and who) is recognized as holding value. Our use of the term "social capital" as a health benefit, or outcome, of engagement with RICHER aligns with Hutchinson's (2006) conceptualization of the (health) protective nature of practices that foster engagement and inclusion. Hutchinson and other scholars extend the conceptualization of social capital to include its "bridging" and "bonding" functions. Such processes are viewed as offering "a meaningful structure from which to theorize and empirically study potential pathways between social environmental factors and health" (Mignone & O'Neil, 2005, p. 27).

Social capital is increasingly being taken up in popular discourse and is understood by many as aligning with Western notions of the value of particular social skills, attributes, or abilities. For these reasons, and because many perceive it as aligning with Western economic conceptions, social capital has been the subject of critique (Brough et al., 2006; Hunter, 2006). Despite their support for the concept, Mignone and O'Neil (2005) alert us to the conditions necessary for ensuring that its benefits are accessible to all:

> In the urban areas where Aboriginal youth tend to concentrate there might well be very little social proactivity and very low tolerance of diversity. If social capital is to be a resource for youth resilience it must be accessible, not just in some ideal Aboriginal community, but in the many different real life communities where Aboriginal youth find themselves. (p. 42)

As suggested by the literature cited above, *enriched social environments* offer protection against the adverse health outcomes associated with marginalization and social isolation. Enriched community environments that create avenues of access to social (and material) resources are viewed as products of effective engagement strategies. Other scholars have identified the collective advocacy, or the "capacity to realize collective goals," as an outcome that is linked with, or is a product of, social capital (e.g.,

Sampson, Morenoff, & Earls, 1999; Sampson, Raudenbus, & Earls, 1997, p. 918). These scholars' conceptions of collective efficacy combine the concepts of social control and social cohesion. To achieve its goals, a community must also have "community social capital" or "control over" its strategies.

Our conceptualization proposes that engagement with Learning Circles has the potential for increased participation in community life; enhanced understanding of how to navigate community and institutional structures; and increased recognition of the knowledge, abilities, and skills of community members. We will now draw upon our interview data to illustrate the community members' views of their engagement with Learning Circles.

Community Perspectives on Engagement With Learning Circles

The Learning Circles introduced a new "language" and modality of learning into the training repertories and prompted broader dialogue and awareness of day-to-day practices of exclusion and their impact. In each case, individuals' *expertise* was introduced into the circle through sharing, and the members of the circle incorporated these different perspectives and ideas into their plans for achieving their goals.

In the youth circles, the participants shared challenges they might have met in dealing with the behaviour of a particular child (e.g., not wanting to wait his or her turn and being disruptive in the group; not being able to follow complex directions for an activity) and discussed ways that such situations might be handled. These teens drew upon ideas and strategies shared by others in the circle and applied them to their engagement with the particular buddy they were supporting. At other points a teen would share his or her expertise to help another teen. In the process, some of participants felt affirmed and realized that they already possessed or had acquired valuable knowledge and skills. One shy young mentor gained the confidence to have a discussion with the parents of his buddy at the end of each camp day. He described their child's daily successes and achievements and also shared some of the strategies used to support the child's positive outcomes.

The youth circles not only developed the capacity of the counsellors and buddies, but also taught other children how to engage effectively with their peers, thereby fostering inclusion. A mother recounted her experience:

> *They teach the other children how to recognize my son's behaviours so that they can back away as quickly as possible for their safety and for my son's safety. They understand that my son has no control . . . But the [commu-*

nity centre] has worked . . . to include him, and not only to include him but to include everybody else around him and educate them.

Another mother described how the buddy strategy positively influenced her son's summer experience:

He liked the buddy thing . . . he did feel safer having somebody there to help him by crossing the street, doing things, or just having somebody beside him . . . and they had the field trips and stuff like that. He said he enjoyed it.

A participant in the parents' group noted that engaging with others using the circle concept

taught me a lot in terms of who I am and and how I deal with my community and the people around me. And it really acknowledges the Aboriginal way of checking on the world and how everybody is. It gave me an opportunity . . .

Researcher: *Do you see that it's important for your kids, who are living in an urban centre that is dominated by white people like me?*

Parent: *I think it's very important for them to see that. It's very important for them to understand that everybody has the right to their own cultures and everybody has the right to do things in a way that makes them feel good.*

The participants in the group went on to describe ways that respect for others and recognition of the value of inclusion had extended into the broader community.

Parent: *I make the effort. I went to . . . English-as-a-second-language classes, even though I spoke English already, because I wanted to see the women that were learning English so I could learn their language so I could actually communicate with them when it came time . . . because they seemed to be a minority that was being left out. Nobody was taking any initiative, or making efforts to connect with these Asian women.*

Such comments signal not only an increased understanding of how to navigate community and institutional social structures but also suggest that such insights prompt broader community participation. The following comment illustrates how engagement with the circle can instil confidence and inspire the group to take its insights forward to others in order to address issues of concern in the neighbourhood:

Parent: *The ideal of everything is: the better you feel, the stronger you feel, the more secure you feel, the better you're going to do in life, the better your*

children are going to be — to see your positive role modelling, which will reduce apprehension, drinking, drugging, depression.

Through engagement with different Learning Circles, family members realized the value of their particular forms of expert knowledge and skill not only for themselves, but also for their families and their community. Participants spoke of how their engagement created a sense of connection to others, and they viewed this engagement as enriching the community environment.

Concluding Comments

Fostering engagement through the use of Learning Circles takes into account multiple forms of expertise. For the Aboriginal women and children involved, it resonated with their experiences and was a way for them to locate their "ways of knowing" alongside other knowledges, with positive, affirming effects. Also, it was observed that the circles created a space or place where the person sharing an issue or problem could feel included and valued as a contributor. Through this engagement, individuals became part of the solution to the issues being explored. Parents and young people expressed this feeling in various ways, and their comments indicate that their engagement altered their self-perceptions. Instead of expecting to be directed, or to be told what to do, as is typical in professional learning or training models, individuals became part of the circle (collective), taking ownership and playing a role in resolving the issue.

As we traced the history of Learning Circles, reflected on the ways in which they were being enacted, and considered them in relation to our own disciplinary perspectives, we identified points of connection. Some of us saw the Learning Circle as aligning with key tenets of a feminist stance, while others reconciled or interpreted it in light of such concepts as capacity-building and engagement. On reflection, however, we came to see the wisdom of using the traditional language to name the strategy. The intentional use of the language provided a point of reference — and visibility — for a traditional Aboriginal strategy of dialogue and engagement within an integrated (mainstream) context. It was also affirming to examine the process and recognize its value for individuals and for the community. This point is underscored by scholars who remind us that language carries culture and worldviews (Smith, 1999). Language also has the potential to marginalize or to convey messages of inclusion (Lynam, 2005, 2007). In our cases, the insights from Aboriginal traditional practices not only informed work with Aboriginal community members but also fostered dialogue and shaped engagement with their neighbours.

A core structural element of the RICHER initiative is its "community table," a weekly forum for engagement and problem-solving (Lynam

et al., 2010). As we engaged in writing this article, we observed that the RICHER community table shares many features with Learning Circles. In this instance, we have perhaps implicitly merged traditional and professional knowledges to create a mechanism for ongoing dialogue and engagement. The implications of the present analysis can, we believe, inform broader dialogue within nursing about the nature of our practice, the conceptual roots of the knowledges upon which we draw, and, perhaps most importantly, the ways in which we choose to engage in order to foster health equity.

References

Anderson, J. F., Pakula, B., Smye, V., Peters, V., & Schroeder, L. (2011). Strengthening Aboriginal health through a place-based learning community. *Journal of Aboriginal Health, 7*(1), 42–54.

Bhabha, H. (1994). *The location of culture*. London: Routledge.

Bourdieu, P. (1983). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). New York: Greenwood.

Bourdieu, P., & Wacquant, J. D. (1992). *An invitation to reflexive sociology*. Chicago: University of Chicago Press.

Bradford, N. (2005). *Place-based public policy: Towards a new urban and community agenda for Canada*. Ottawa: Canadian Policy Research Networks.

Brough, M., Bond, C., Hunt, J., Jenkins, D., Shannon, C., & Schubert, L. (2006). Social capital meets identity: Aboriginality in an urban setting. *Journal of Sociology: The Australian Sociological Association, 42*(4), 396–411.

Browne, A., Smye, V., & Varcoe, C. (2005). The relevance of postcolonial theoretical perspectives to research in Aboriginal health. *Canadian Journal of Nursing Research, 37*(4), 16–37.

Deane, L., Morrissette, L., Bousquet, J., & Bruyere, S. (2004). Explorations in urban Aboriginal neighbourhood development. *Canadian Journal of Native Studies, 24*(2), 227–252.

Freire, P. (2000). *Pedagogy of the oppressed*. New York: Continuum.

Hunter, B. H. (2006). *Taming the social capital Hydra: Indigenous poverty, social capital theory and measurement*. Canberra: Centre for Aboriginal Economic Policy Research.

Hutchinson, P. J. (2006). First Nation/state relationships and First Nation health: An exploratory analysis of linkage social capital as a determinant of health. *Pimitisiwin: A Journal of Aboriginal and Indigenous Community Health, 4*(1), 105–118.

Jarvis-Selinger, S., Ho, K., Lauscher, H. N., & Bell, B. (2008). *Our sacred strength: Talking circles among Aboriginal women*. Vancouver: BC Treaty Commission.

Julien, G. (Ed.). (2011). *Premier symposium de pédiatrie sociale en communauté*. Montreal: Fondation du Dr. Julien.

Kershaw, P., Irwin, L., Trafford, K., & Hertzman, C. (2005). *The British Columbia atlas of child development*. Vancouver: Human Early Learning Partnership and Western Geographical Press.

Killoran, A., & Kelly, M. (Eds). (2010). *Evidence based public health: Effectiveness and efficiency*. Oxford: Oxford University Press.

Lynam, M. J. (2005). Health as a socially mediated process: Theoretical and practice imperatives emerging from research on health inequalities. *Advances in Nursing Science, 28,* 25–37.

Lynam, M. J. (2007). Does discourse matter? Using critical inquiry to engage in knowledge development for practice. *Primary Health Care Research and Development, 8,* 54–67.

Lynam, M. J., Loock, C., Scott, L., & Khan, K. (2008). Culture, health and inequalities: New paradigms, new practice imperatives. *Journal of Research in Nursing, 13*(2), 138–148.

Lynam, M. J., Loock, C., Scott, L., Wong, S., Munroe, V., & Palmer, B. (2010). Social paediatrics: Creating organizational processes and practices to foster health care access for children "at risk." *Journal of Research in Nursing, 15*(4), 331–347.

Lynam, M. J., Scott, L., Loock, C., & Wong, S. (2011). The RICHER social pediatrics model: Fostering access and reducing inequities in children's health. *Healthcare Quarterly, 14*(Spec 3), 41–56.

MacIntyre, S. (1997). The Black Report and beyond: What are the issues? *Social Science and Medicine, 44,* 723–745.

Mignone, J., & O'Neil, J. (2005). Conceptual understanding of social capital in First Nations communities: An illustrative description. *Pimitisiwin: A Journal of Aboriginal and Indigenous Community Health, 3*(2), 7–44.

Mohajer, N., & Earnest, J. (2009). Youth empowerment for the most vulnerable: A model based on the pedagogy of Freire and experiences in the field. *Health Education, 109*(5), 424–438.

Nabigon, H., Hagey, R., Webster, S., & Mackay, R. (1999). The Learning Circle as a research method: The Trickster and Windigo in research. *Native Social Work Journal, 2*(1), 113–137.

Nicholles, S. (2009). *Victoria Learning Circles: First report*. Victoria: Victoria Urban Aboriginal Learning Circle.

Power, C., Stansfield, S., Matthews, S., Manor, O., & Hope, S. (2002). Childhood and adulthood risk factors for socio-economic differential in psychological distress: Evidence from the 1958 British cohort. *Social Science and Medicine, 55,* 1989–2004.

Ravensbergen, F., & VanderPlaat, M. (2010). Barriers to citizen participation: The missing voices of people living with low income. *Community Development Journal, 45*(4), 389–403.

Sampson, R. J., Morenoff, J. D., & Earls, F. (1999). Beyond social capital: Spatial dynamics of collective efficacy for children. *American Sociological Review, 64,* 633–660.

Sampson, R. J., Raudenbus, S. W., & Earls, F. (1997). Crime: A multilevel study of collective efficacy. *Science, 277,* 918–924.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington: National Academy of Sciences, National Research Council, and Institute of Medicine.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London: Zed.

Statistics Canada. (2005). *Health regions 2005, by province and territory*. Ottawa: Author.

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery.* Ithaca, NY: Cornell University Press.

Zapf, M., Pelecb, W., Basiien, B., Bodor, R., Carriere, J., & Zuk, G. (2003). The Learning Circle. *Tribal College Journal, 15*(2), 52–58.

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