

**PLACE-BASED FUNCTIONS OF NEIGHBOURHOOD HOUSE: FROM THE EYES OF COMMUNITY PARTNERS** BY MIU CHUNG YAN & MOLLY S. ANCEL

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Funded by SSHRC (Grant No: 435-2012-1276), the NHIMV project explores the contributions of neighbourhood houses to local communities. Neighbourhood houses have a long history of operation in Vancouver, dating back to 1938. They began as part of the Settlement House Movement made famous in North America by Jane Addams and her work at Hull House. While time and distance have created differences to that early model, the houses remain neighbourhood-based, locally governed, multi-service, community development oriented organizations. Visit [www.nhvproject.ca](http://www.nhvproject.ca) for more information.

This research brief examines neighbourhood houses' funding sources and the relationship between neighbourhood houses, the community, and the government in Metro Vancouver. It explores the funding relationship itself, as well as the tensions this relationship can create for neighbourhood houses regarding their twin roles as social service providers and community advocates. Our findings are based on semi-structured interviews with the directors of 10 neighbourhood houses located in Metro Vancouver, as well as with representatives from the Vancouver and Burnaby municipal governments, and from the Association of Neighbourhood Houses of BC.

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Neighbourhood houses are the place-based service hub of an extensive network involving numerous community partners, which provide different services and support to local residents. These community partners (CPs) are critical stakeholders, whose perspectives on NHs are imperative to their collaboration with NHs. To understand their perspectives, 41 CPs, all staff members of different social and health service organizations, were invited to participate in nine focus groups meeting, in order to share their experiences of working with NHs.

**Key Findings**

*Community partners praised NHs as an inclusive, place-based organization that actively responds to local needs, nurturing community collaboration and partnership.*

*Funding insecurity is jeopardizing NHs' capacity to help the community build resilience.*

from **Downtown Eastside NH**, this value of inclusiveness is a core component of NHs, where *"you've got folks coming from all different places, with different levels of income, different ages, ethnicities, and backgrounds"*.

**Active Response to Community Needs**

In all of the focus groups, CPs took particular note of how NHs support their communities by *"always looking out, always focusing on the community"* and asking *"what else can we be doing?"*, as summarized by a CP of **Cedar Cottage and Collingwood NHs**. NHs proactively support and work with an immensely diverse part of the population in the neighbourhood. Using **Little Mountain NH** as an example, a CP said that NHs are *"also constantly looking for what else is needed. They always have new programs that I never even thought about and some we are able to introduce to our families as well. Like the community kitchen; some of our families are pretty new to the country, so it's wonderful to have a place that they can bring the kids to and cook and make friends. The different kinds of services they provide, we're able to give to our families to go and use beyond our little program"*. NHs are highly attentive to the community's needs and are constantly seeking to support the most vulnerable populations in their communities by experimenting with new programming that

**An Inclusive Place-Based Establishment**

CPs also feel that NHs act as welcoming and inclusive places for residents in the community to come and be supported by accessible programming. As noted by a CP

community partners would have “never even thought about”, as a CP from **Mt Pleasant NH** suggested. CPs note the NHs’ flexibility and broad-based mandate as some of their greatest strengths.

### **Catalyst for Community Collaboration**

Expanding on the NHs serving as a link for people, within the act of bringing people and organizations together, NHs also work as a catalyst for community collaboration. As a CP from the joint **Kiwassa and Frog Hollow NHs** focus group put it: “What the NHs have done for us is sort of allow us to network with the community, and brought us into projects that we wouldn’t necessarily have been involved in, and allow us to get to know more about who is this community and who lives in this community and how we, as an organization, through the BIA and through the businesses, can provide assistance or help or advocate as partners at City Hall when we need to advocate for certain things. When we are trying to advocate for certain things, they come and support us”.

### **Building Community Assets**

NHs are the hub of a large service network through which not only are unmet needs met but also unused community assets mobilized and nurtured. As a CP of **Kitslanos NH** noted: “NHs allow for co-creation, so someone can walk in and say, ‘I’m really interested in starting a group about x’ and NH staff will work with that particular community member to see if that can be realised, whether it’s run by volunteers, or whether it’s a potential project that we could seek some funding for”. This shows an openness around the supportive collaboration between community members regarding community ideas, whether they are formally or more loosely conceived.

NHs also mobilize their CP networks to support the development of community assets. A CP of **Little Mountain NH** shared an example of this with us: “There was somebody at LM who wanted to host a sewing club and didn’t have the space, but she knew that we had the space, so she passed that information on and now we’re hosting a sewing club. It’s neat to see how that works

*and how they support people’s dreams and leadership opportunities”.*

### **Challenges for NHs**

Experiencing the same neoliberal funding regime, many CPs saw funding limitations as a major challenge that limits NHs’ capacity to ensure the wellbeing of local residents. A CP of the **Downtown Eastside NH** notes: “There is no doubt that the overall pot of funding is shrinking... As it shrinks, a number of organizations are desperately trying to stay afloat. And that number doesn’t necessarily change; a few drop off, but not necessarily. So people are trying to do more and more with less and less”. Most CPs who attended our focus groups, including a CP of **Kitslano NH**, agreed that NHs are critical to “community resilience, as it’s really important to always have space for people who are considered too vulnerable or marginalised to engage; that’s where new ideas and innovation often come from”. Yet, a lack of stable funding is jeopardizing NHs’ capacity to support community members in order to build this resilience.

To conclude, NHs are the integral hub of an extensive service network that is critical to the wellbeing of local residents. As CPs reflect, NHs play an instrumental role in nurturing collaboration and functional relationships among different community partners. Echoing the 41 CPs who participated in the focus groups, a CP of **Kiwassa and Frog Hollow NHs** concluded that NHs serve their communities much more effectively than other more specific organizations can, and encourage vibrant community cohesion to act as “a heart... just pumping life into the community”.