

# Governing Neighbourhood Houses in Greater Vancouver: community, NGOs and government – an overview of key issues

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# Overview

- 1. Understanding NHs – defining features
- 2. Governance models and financial sustainability
- 3. Relationship NHs and government/ (municipal) administration
- 4. Role and definition of community
- 5. Political advocacy
- 6. Placed-based, community centred engagement

# Data collection

- Three sets of data have been used:
  1. Interviews with EDs of NHs (interviews were semi-structured and lasted on average 60-90 minutes)
  2. Interviews with representatives of municipal government/ city administration in greater Vancouver
  3. Focus group with NH representatives/ staff and users of NHs

# Understanding NHs – defining features

- NHs as both service providers and community organizers/builders
- Particular character of individual NHs – critical role of EDs and specificity of community
- Notion of NH movement?
- Varying understandings of the size and nature of their respective “communities”
- Historically varying notions of NHs; changing socio-political needs and political environments/ expectations
- Question of whether NHs are meant to respond to needs of lower-income communities or whether they have a role to play in any community setting

# Governance models and financial sustainability

- Grass-roots character of governance model; representing diverse community as important goal
- Issue of short-term, project-based, competitive funding structure
- Increasing pressure on scarce administrative resources
- Downloading of responsibility to community actors (new management approach) without proper resource allocation
- Gradual professionalization over years (tension with grass-root self-understanding?)

# Relationship NHs and government/ (municipal) administration

- Special role of Vancouver city administration with its independent 'city planning unit'; long term relationship with rich legacy of collaboration and partnership
- Often informal cooperation mediated through close contacts with city councillors and municipal governments' staff
- Mutual interest in collaboration: NHs as sources of information ("link to neighbourhood"), consultation and provision of legitimacy; government as provider of critical resources/ support and recognition
- Relationship with other municipalities in Greater Vancouver varies (Burnaby as a laggard....)
- Less interaction with provincial/ federal governments (notable exceptions: South Vancouver, Alexandra, Frog Hollow)

# Role and definition of community

- Capacity building at individual level (lowering threshold/ encouraging engagement) and collective level (communal setting, overcoming social isolation)
- NHs as providing the institutional infrastructure for building and strengthening urban communities and nurturing their collective capacity
- Establishing link between governments, people, and private stakeholders ('network builder')
- Special attention on including socially weaker groups (low income, seniors, immigrants/ minorities) through services and initiatives.

# Political advocacy

- Degree to which NHs are portrayed as having the mandate to be the political advocate of the community varies considerably
- Issue of growing financial dependency as recurrent issue
- NHs as critical for effective policy initiatives and implementation (decisive: local knowledge and competence): “eyes and ears in the community”
- NHs providing an infrastructure and networks for communal engagement and democratic participation

# Placed-based, community centred engagement

- Meaning of place and communal belonging
- NHs as site of social capital formation: response to growing social inequality and alienation in urban communities
- Critical organizational resource for nurturing social trust and providing political voice
- NHs addressing the increasingly complex challenges of urban communities (joint government-civil society problem-solving; horizontal and vertical coordination as key to effective policy making )