

COMMUNITY ADVOCACY AND THE NEIGHBOURHOOD HOUSE

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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 for more information.

This research brief examines the relationship between neighbourhood houses, the community, and the government in Metro Vancouver, exploring the funding relationship as well as the tensions this relationship can create for neighbourhood houses regarding their twin roles as social service providers and as 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.

A Link Between Community & Government

Neighbourhood houses (NHs) are an integral part of “place-based” governance in Metro Vancouver. As our interviews underline, with respect to many social and political issues, NHs are in an ideal position to provide an institutional capacity for community governance, to foster mutual learning among community members, and to permit community input and direction in the development and implementation of public policies. In Metro Vancouver, NHs have established themselves as a critical link between the people, governments, and private stakeholders that make up communities. NHs provide social infrastructures and networks of democratic participation, thereby giving voice to those who often feel alienated from government processes.

The Government-NH Funding Relationship

Neighbourhood houses in the Metro Vancouver area draw on a mixture of funding sources, but are all heavily reliant on government funding for their ongoing operations. The funding relationship between NHs and the government has changed over the decades. Several interviewees noted that a re-shaping of the funding relationship took place in the 1980s and 1990s, due to a shift towards contract-based funding, which had various effects on the ways in which NHs operate.

Key Findings

Interviewees highlighted the role of NHs as a forum for community-based governance, and as an important two-way conduit between community members and the different levels of the government.

NH dependence on government funding was also frequently cited, along with the challenges that arise from this funding relationship: rigorous application processes; short-term funding sources; limitations on the ability to act as community advocates.

One effect is the increased time and resources NHs are now required to expend on applying for short-term (and increasingly competitive) government contracts and grants, as well as to meet the increased accountability mechanisms attached to government funding. Various respondents described how, from the 1990s onwards, the government became more “risk-averse” in regard to NH funding and increasingly concerned with “getting what they’re paying for” from NHs. This change has limited the room NHs have to undertake community advocacy and proactive program/policy initiatives.

Table 1. Semi-Structured Interviews

Total number of interviewees	17
NH executive director interviewees	10
EDs from the City of Vancouver-based NHs	7
EDs from NHs outside the City of Vancouver	3
EDs from ANHBC NHs	5
EDs from independent NHs	5
Government interviewees	6
ANHBC interviewees	1

Certain NH interviewees noted how funding (re)application and reporting processes invariably place pressure on the limited administrative capacities of their organizations, and cut into staff time that could otherwise be dedicated to other activities. As one interviewee noted, application processes have become integral to the ongoing survival of an NH:

"We spend a lot of energy applying for grants because a significant amount of our funding comes from there, and you have to keep re-applying because they are usually not long-term."

Similarly, several interviewees noted how the short-term nature of government funding makes it difficult for NHs to engage in long-term planning and guarantee service stability beyond one- to three-year periods. Many also cited the increased difficulties in securing both government and private foundation funding since the 2008 economic downturn. The consequence of these various changes to the funding relationship, according to some of our interviewees, is that NHs have become extremely cautious regarding their finances and the program/policy initiatives they are willing to undertake, so as not to threaten their ongoing viability.

Challenges in regard to the Funding Relationship

A broader tension, however, exists for NHs, in that their financial dependence on the

government can conflict with the expectation that they also act as independent advocates for their local communities. A common concern is that NHs do not want to appear to be "biting the hand that feeds them" by publically criticizing government funders. A particular challenge arises for NHs that undertake government service contracts, as one respondent explained:

"When you're delivering government services, there can be an argument made that you're an arm of the government, so you can't really advocate against the government if you're a part of it."

Some NH interviewees explained that their organizations have avoided becoming tied to service contracts, out of concern that these contacts would have affected their ability "to represent people on the ground". Other interviewees explained that their NHs have attempted to avoid this tension by facilitating citizen-government interactions and input, and by providing community members with the information, resources, and support necessary for them to advocate political concerns on their own behalf. One interviewee characterized this approach as "developing the voice of the community", while another described it as helping the community "mobilize itself to bring these issues forward" to the government.

Ultimately, NHs operate at a complex intersection between community members and the government. They play a significant role as a forum for place-based governance and facilitators of community engagement. Yet, broader funding relationships and their role as government service providers invariably challenge the ability of NHs to act as fully independent community advocates.