



Relational Care: An Indigenous Collective Impact Framework for Metro Vancouver

“The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large-scale change.”

“Large scale impact depends on increasing cross-sector alignment and learning among many organizations.”

What is Collective Impact?

Collective Impact is a framework designed to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations, and community members to achieve significant and sustained social change.

What is Indigenous Collective Impact?

Indigenous collective impact (ICI) is MVAEC’s way of Indigenizing the collective impact framework. The process involves integrating the vision and values of host First Nations in Metro Vancouver, as well as the urban Aboriginal population. In addition, MVAEC serves a hub for the urban Aboriginal executive community in Metro Vancouver. Members represent a broad spectrum of the social service sector. To cope with the diversity of services MVAEC coordinates its administrative efforts through six roundtables; (1) Children, Youth, and Families, (2) Education, Training, and Employment (3) Arts, Language, and Culture, (4) Housing & Homelessness (5) Health & Wellness, and (6) Justice.

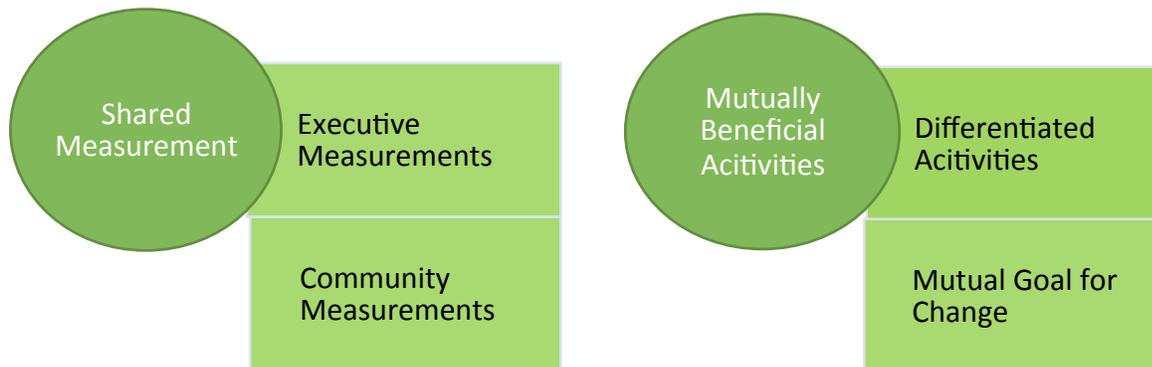
MVAEC sees ICI as one way to tackle deeply entrenched and complex social problems facing the urban Aboriginal population across the Metro Vancouver region. Cross-sector alignment means integrating traditional Aboriginal world-views about governance and community development: along with contemporary urban experiences, into social and policy planning.

MVAEC is working towards honoring community feedback by continuing to refer to the extensive feedback gathered during community consultations during the years 2013 to 2015. When condensed, the community recommendations are over twenty pages in length. MVAEC prioritized these recommendations by surveying the MVAEC Council on the highest priority issues. The highest priority issues turned into the two collective impact common agenda items for MVAEC. Housing & Homelessness being the first common agenda item. This common agenda item has been Influenced largely by the current housing crisis in Vancouver. The second common agenda item being Education, Training, and Employment as a three pronged approach to improving the quality of life of the Urban Aboriginal population over the long-term.



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MVAEC Common Goals



MVAEC ROUNDTABLES

Arts, Language, and Culture Education, Training, and Employment Housing & Homelessness
Children, Youth, and Families Health & Wellness Justice

The MVAEC roundtables need to focus on how inequities related to housing and education are represented in each roundtable, and how executives witness these in their respective organizations. For example, how does someone exiting the Canadian justice system access housing? Or how do people who have had an overdose incident interact with both the continuum of care and the continuum of housing? Where do housing and education gaps still exist for youth leaving care?



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Common Social Determinants of Health in Canada¹

1. Income and income distribution
2. Education
3. Unemployment and job security
4. Employment and working conditions
5. Early childhood development
6. Food insecurity
7. Housing
8. Social exclusion
9. Social safety network
10. Health services
11. Aboriginal status
12. Gender
13. Race
14. Disability



Aboriginal Defined Social Determinants of Health²

- Human being
- Emotional, Spiritual, Physical, Mental
- Respect, Wisdom, Relationships, Responsibility
- Family, Land, Nations, Community
- Environmental, Social, Economic, Cultural

Regardless of the framework an agency uses to address the social determinants of health for Aboriginal people, MVAEC is advocating for agencies to work towards designing systems of data gathering that can be shared across agencies and sectors in Metro Vancouver. A core concept to guide measurement could be how to capture conversion of resources within the urban Aboriginal population.

The conversion of resources could focus on how Aboriginal people living in the region convert access to programs, services, and community into different functioning's of daily living. How does someone who has interacted with services from the Ministry of Provincial Health and Vancouver Coastal Health, then interact with social housing providers for short and long-term care? How do they then access long-term child and family services? Accompanied by long-term counselling services that are not limited by sessions. Moreover, where interest is expressed, how do individuals and families plan for education, training, and employment?

¹ https://en.wikipedia.org/wiki/Social_determinants_of_health, and Community Mental in Canada: Policy, Theory, and Practice, by Simon Davis.

² <http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>