Alberni Clayoquot Health Network

Working Together to Reduce Poverty Theory of Change

Poverty Reduction and Alleviation Strategies for the Alberni Clayoquot Regional District

2016

EXECUTIVE SUMMARY

The Alberni Clayoquot Regional District (ACRD) currently experiences the 4th highest rates of poverty out of 29 Regional Districts in BC, with a child poverty rate of 32.2% and significant barriers around housing, transportation and health access which vary between urban, rural, remote and First Nation communities. Many organizations in the region offer services to address these issues but in order to be effective an overarching poverty reduction strategy has proven to be the most effective course of action in regions throughout Canada. Recognizing that poverty is a complex issue which cannot be addressed by any one organization or initiative, leaders in the ACRD have begun to bring together local stakeholders to discuss, identify opportunities and plan around poverty reduction.

INITIATING POVERTY REDUCTION IN THE ACRD:

- Alberni Valley community discussion on poverty November 2015 organized by MLA Scott Fraser
- Local Mayors, Regional District Directors and organizational leads convened to identify next steps
- Working Together to Reduce Poverty Theory of Change and outcome identification

In order to maintain the conversation the Alberni Clayoquot Health Network (ACHN) convened a workshop on May 30th to begin the process of identifying outcomes which aim to reduce and/or alleviate poverty in the ACRD. Facilitated by Scott Graham from SPARC BC, the workshop brought together 50 participants from provincial and local government, local service providers, ministries and organizations, First Nation communities, as well as representatives from the community at large. From this workshop we were able to develop a Theory of Change which identifies some key areas we can address to begin seeing change in regional poverty. Most importantly this Theory of Change provides us with a starting point, shared goals and a framework to measure our impact as we move forward.

WORKING TOGETHER TO REDUCE POVERTY FRAMEWORK FIRST STEPS:

Workshop participants spent the day identifying and defining outcome statements to create a Theory of Change for poverty reduction in the ACRD. A Theory of Change is a tool to map and evaluate complex systems, it identifies outcomes, allowing groups to identify, narrate and evaluate these outcomes, adding additional levels of detail as preconditions, interventions and rationales. Participants at the May 30th workshop identified 5 outcome statements, with preconditions or activities leading to these outcomes which fell into one of 4 themes.

POVERTY REDUCTION OUTCOMES

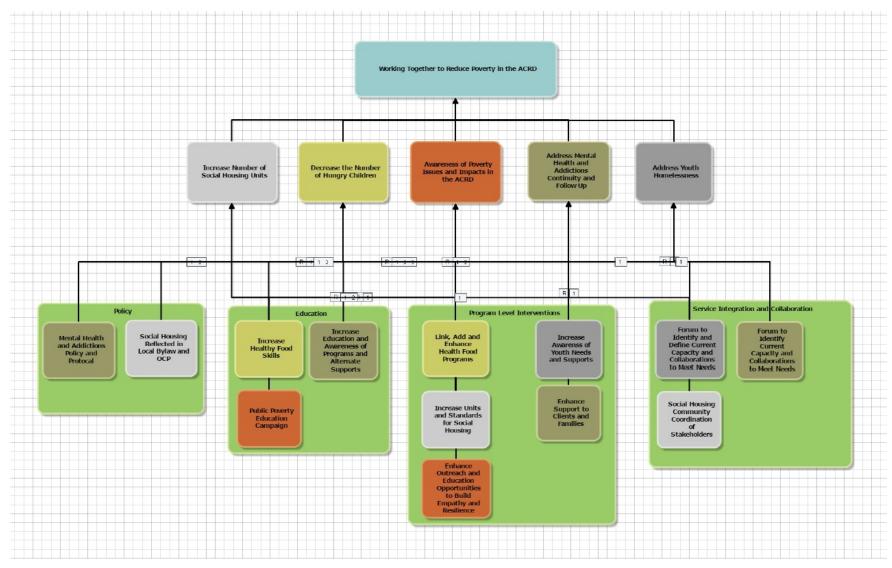
- Increase number of social housing units for low income people
- Decrease the number of hungry children
- Increase the awareness of poverty issues and impacts in the ACRD
- Address mental health and addictions continuity and follow up
- Address youth homelessness

PRECONDITION THEMES

- Service Integration and Collaboration
- Program Level Interventions
- Public Policy
- Education

The Working Together to Reduce Poverty Theory of Change in the ACRD created through this workshop is the first draft of a living framework which will assist to guide future collaborative actions. A Theory of Change is meant to be tested, revised and evaluated based on stakeholder input and regional shifts. It recognizes that no one organization can take on poverty reduction alone. Identified activities and focus areas are parts of a complex system which require input, shared ownership and evaluation. The ACHN has made a commitment to supporting this process and look forward to future collaborations, revisions and planning with community stakeholders.

THEORY OF CHANGE FIRST DRAFT



INCREASE NUMBER OF SOCIAL HOUSING UNITS - PRECONDITIONS

Increase number of social housing units for people earning a low income

PROGRAM LEVEL INTERVENTIONS
Increase Units and Standards for Social
Housing

INDICATORS:

- 1. What will change? Increase Social Housing units
- 2. What will change? Increase in maintenance standards to provide safe affordable housing, i.e. needs to do upgrades to maintain to prevent mold and to keep heating costs reasonable

Who? All levels of government (federal, provincial, municipal) need to partner on projects for building new social housing; Local municipalities and FN's service providers; AVCSI; Ministry of SD

POLICY

Social Housing Reflected in Local Bylaw and OCP



Social Housing Reflected in Local Bylaw and OCP WHICH WILL Increase Number of Social Housing Units

INTERVENTIONS:

- 1) Lobby city council(s) to make a bylaw to require developers to provide 25 low income housing
- 2) Increase mention of social housing development in official community plan

SERVICE INTEGRATION AND

COLLABORATION

Social Housing Community Coordination of Stakeholders

INDICATORS:

What will change? Add and enhance collaboration in community and regionally to prioritize community housing projects and present unified support to funding agency

Who? Community stakeholders AVCSI; Local Govs



CONNECTORS

Social Housing Community Coordination of Stakeholders WHICH WILL Increase Number of Social Housing Units Interventions:

1) Add and enhance collaboration between community stakeholders to be more effective Increase Units and Standards for Social Housing WHICH WILL Increase Number of Social Housing Units RATIONALE:

Safe and affordable housing is a key factor in poverty reduction and alleviation. Housing accounts for one of the primary reasons individuals experience or are at risk of poverty, also impacting health, family structure and communities.

INTERVENTIONS:

- 1)Social housing needs to maintain standards to provide safe affordable housing, i.e. needs to do upgrades to maintain to prevent mold and to keep heating costs reasonable
- 2)Increase number of subsidized housing units for low income people

DECREASE THE NUMBER OF HUNGRY CHILDREN - PRECONDITIONS

Increase access to healthy and nutritious food and food education

PROGRAM LEVEL INTERVENTIONS

Link, Add and Enhance Health Food Programs

INDICATORS:

What will change? Increase accessibility of Daily School Meals

Who? PAC; Farmers; Local Government and Provincial; Many volunteers; Students would help to facilitate this project (Grade 12); Grocery Stores; Food Hub Coordinator; University students willing to establish this

What will change? Increase food for pre-school kids and training for young parents

- North Island College cooking for young parents
- VAST young moms getting chance to finish school with kids
- Breast milk banks for young dads too, storage too
- Fund pumps for breast milk
- Space at work to make this possible, storage too

Who? Food for pre-school kids and training for young parents; Meals on Wheels; Island Health; North Island College; VAST

CONNECTORS

Increase Healthy Food Skills WHICH WILL Decrease the Number of Hungry Children

RATIONALE:

Increase knowledge around healthy eating, access to programs and information sharing between services to better support food access and education to all community members

INTERVENTIONS:

- 1) Add and enhance skills of food prep/preservation
- -Connect elders to schools
- -Connect farmers and other foodies
- -Partner with soil providing companies
- -Teach composting and get compost to gardens
- -Offer cooking tools (crock pot) to the parents of the young kids and encourage cooking programs
- -Encourage more cooking and food preservation and how to make baby food preparations
- -Start more gardening programs in schools to teach kids how to grow their food that they end up cooking
- -Learn hunting and food foraging skills and processing
- -More social events with food for young parents (like Strong Start) a chance to get together and form a social network

CONNECTORS

Link, Add and Enhance Health Food Programs WHICH WILL Decrease the Number of Hungry Children

RATIONALE:

Increasing availability of healthy food to all children and youth (not just those in need) increases knowledge around healthy eating, childhood resiliency and outcomes as well as the ability to increase nutritional education. Children pass up messaging to family members.

INTERVENTIONS:

- 1) Add and enhance nutritional programming to ensure every person under the age of 19 has access to healthy, affordable food
- Free service for all, not just those in "so-called" need
- Every student should have a breakfast club and lunch every day
- Lunch would be a cooked meal
- Fruit bowl in every class
- For children too young for school we could offer a food drop off for their parents
- Create a program that pays for gardens to be established at young people's homes planter box, seeds, soil...book?
- Create a store where kids can purchase food for themselves at discount
- Add food to our teen social programs (night's alive)



EDUCATION

Increase Healthy Food Skills

INDICATORS:

What will change? Increase skills of food prep and preservation Who? PAC; Local Government and Provincial; Many volunteers; Grocery Stores; Food Hub Coordinator; University students; preschool kids; Young parents; Meals on Wheels; Island Health; North Island College; VAST; Families; Elders; Schools; Foodies; Soil providing companies

2) Connect our gleaning projects to the schools

Investigate alternative distribution and food collection - farms willing to offer their food waste?

3) Expand B.C. food farmers market coupon program

AWARENESS OF POVERTY ISSUES AND IMPACTS IN THE ACRD - PRECONDITIONS

Increase number of ACRD residents that are aware of regional poverty issues and impacts



CONNECTORS

Public Poverty Education Campaign WHICH WILL Awareness of Poverty Issues and Impacts in the ACRD

RATIONALE:

Stories, dialog and education are imperative to moving forward social change. Educating communities on impacts of poverty, providing decision makers with stories and tools to assist in advocating and addressing issues as well as increasing community ownership of the root causes.

INTERVENTIONS:

- 1) Public Education Campaign Ideas Generated:
- -Language Both FN and general public leg.
- -Social media, News, agency awareness
- -Including all voices sharing personal awareness
- -Sharing public stats. do we have all stats. and trends
- -Stories and stats
- -Decision makers, public
- -Those in poverty need to be included
- -Traditional way of life vs. current
- -Access to services many barriers
- -Awareness and history of cultures and civilization
- -Why are we in poverty
- -Living wage calculation and use myth busting
- -Needs to happen in schools as well
- -Racism is also a need ->cultural awareness o We could be an example
- -Need for public education campaigns -> services, stats

- -Myth busting reports helpful
- -Create awareness of contributing factors -> Historical oppression, Residential schools, trauma...the "why's" of poverty
- -Living wage campaign is helpful in spreading awareness -> calculation breakdown has been done
- -Holistic approach to represent Health and Poverty balance. Identifying factors
- -Compile stats and information. Synthesize -> Island Health and Vital Signs reports, etc School district
- -Kids are an excellent way to do public education and raise awareness
- -Ambassador training to raise awareness
- -University Health Department incorporate cultural competencies

EDUCATION

Public Poverty Education Campaign

INDICATORS:

- 1. What will change? Increase in Public Education around Poverty impacts, realities and issues
- 2. What will change? Identify and increase communication and monitoring of local statistics associated with poverty

Who? Local government, all government those who need help; Service Providers; Media; ACRD; Health Network; Newspapers and Facebook Ad. Space; FN's; School District; Funders; Island Health and FN Health Authority; MP and MLA; Anna Soole – Resiliency, "Create Our Story"; Employers



AWARENESS OF POVERTY ISSUES AND IMPACTS IN THE ACRD — PRECONDITIONS

CONTINUED

Increase number of ACRD residents that are aware of regional poverty issues and impacts



PROGRAM LEVEL INTERVENTIONS

Enhance Outreach and Education Opportunities to Build Empathy and Resilience

INDICATORS:

- 1. What will change? Increase in supports to individuals experiencing poverty
- 2. What will change? Increase in education opportunities to address root causes of poverty Literacy, Life Skills and other empowering education
- 3. What will change? Add and enhance education to general public around poverty, racism, cultural competency

Who? Local government, all government those who need help; Service Providers; Media; ACRD; Health Network; Newspapers and Facebook Ad. Space; FN's; School District; Funders; Island Health and FN Health Authority; MP and MLA; Anna Soole – Resiliency, "Create Our Story"; Employers Local government, all government Those who need help

CONNECTORS

Enhance Outreach and Education Opportunities to Build Empathy and Resilience WHICH WILL Awareness of Poverty Issues and Impacts in the ACRD

INTERVENTIONS:

- 1) Increase engagement with individuals experiencing impacts of poverty
- Empower and give people a voice (soup days/social opportunities for clients and service providers, remove imbalances)
- Make less formal/fearful gatherings, make it casual
- "Chummis and Chat"
- "Lunch and Learn"
- 2) Address impacts and elements which lead to poverty through inclusive and accessible programs (add/enhance)
- Sense of hopelessness of getting out of poverty -> licenses and permits create barriers -? Illiteracy/low literacy.
- Education -> struggles residual
- Literacy problems
- Work to support these persons through workshops and direct support
- Need for: support (literacy, education, paperwork) and healing/mental health support for residual trauma
- Legislative and Racism related poverty
- 3) Add and enhance education around poverty:
- Legislative and Racism related poverty
- Cultural competency -> results -? Racism from ignorance and lack of information
- Will racism ever go away
- SD70 -> restricting curriculum to include history and First Nations experiences
- Children can bring information home, educate parents/grandparents
- Ambassador Program (Tofino/Ukee) Aboriginal persons facilitating programs/education process
- West Coast General Hospital -> cultural safety



Address Mental Health and Addictions Continuity and Follow Up - Preconditions

Increase Continuity and Follow up Support for People with Mental Health and Addiction

POLICY

Mental Health and Addictions Policy and Protocol

INDICATORS:

What will change? Increase awareness of agency protocols

Adopt shared protocols

Who? Medical Staff; RCMP; Communities Service Providers; Other agencies

EDUCATION

Increase Education and Awareness of Programs and Alternate Supports

INDICATORS:

- 1. What will change? Increase in education and dialog
- 2. What will change? Increase in service access and information on treatment options

Who? Community Services; clients

PROGRAM LEVEL INTERVENTIONS

Enhance Support to Clients and Families

INDICATORS:

What will change? Increase in family supports; Service

Who? MH&A Clients; Families; Communities e Providers; Volunteers

CONNECTORS

Mental Health and Addictions Policy and Protocol WHICH WILL Address Mental Health and Addictions Continuity and Follow Up

INTERVENTIONS:

- 1) Increase knowledge around MH&A protocols between agencies
- 2) Adopt shared protocols between agencies to promote client centered approach, dignity and increase access to services for individuals

CONNECTORS

Increase Education and Awareness of Programs and Alternate Supports WHICH WILL Address Mental Health and Addictions Continuity and Follow Up

RATIONALE:

Increasing education and dialog on sensitive issues such as MH&A assist to build support in community, foster a client centered approach and increase avenues for individuals to access services and support.

INTERVENTIONS:

- 1) Education on the needs of the people who are dealing with Mental Health Issues
- 2) Increase in information on services and range of treatment options available to individuals. Increase awareness of holistic approach.
- Different options for treatments
- Traditional medicine
- Spiritual wellness
- Bring awareness to the issues around herbal or holistic medicine

Address Mental Health and Addictions Continuity and Follow Up – Preconditions Continued

Increase Continuity and Follow up Support for People with Mental Health and Addiction

SERVICE INTEGRATION AND COLLABORATION

Forum to Identify Current Capacity and Collaborations to Meet Needs

INDICATORS:

What will change? Increase in collaboration and service integration in Mental Health and Addictions services

Who? Service providers, community members, First Nations, Community Leaders

How Many? Forum - 1 or more; Regular networking opportunities - monthly or quarterly

How Much? Forum - \$2000 - \$4000; Networking - \$2000 annually

By When? Forum 2016-2017; Networking - ongoing

CONNECTORS

Forum to Identify Current Capacity and Collaborations to Meet Needs WHICH WILL Address Mental Health and Addictions Continuity and Follow Up

RATIONALE:

Increase communication and knowledge around service needs and opportunities to be more strategic and effective together.

INTERVENTIONS:

1) Forum for community members, clients, service providers and leaders to identify what is offered and how to work together effectively to address needs. Develop action plans to bridge the gaps. Increase collaboration

Investigate

- Network of resources
- Awareness of what's available
- Is there resources offered?
- Availability of resources
- Accessibility of services
- Promote change
- Collaborate with other service

Address Youth Homelessness — Preconditions

Identify, define and begin to address issues leading to homelessness or at risk of homelessness in young populations



SERVICE INTEGRATION AND COLLABORATION

Forum to Identify and Define Current Capacity and Collaborations to Meet Needs

INDICATORS:

What will change? Increase in collaboration and information identification, sharing and planning around youth homelessness

Who? Service providers, community members, First Nations, Community Leaders MCFD, ADAPS, PAFC, USMA, Health Literacy, KCMP, MSD, ACAWS, Schools, Counsellors, Educators, healthcare workers, parks and recreation, Yearly life

By When? Forum 2016-2017; Networking - ongoing

CONNECTORS

Forum to Identify and Define Current Capacity and Collaborations to Meet Needs WHICH WILL Address Youth Homelessness

INTERVENTIONS:

- 1) Forum to get people together with related big picture experience to discuss how many youth homeless there are, where, why?
- Data collection what causes youth to become homeless and then implement policy
- Specifically targeted programs for homeless youth
- Early identification: how do we find out about these kids?
- Need to address 9-5 service, youth friendly, services
- Flexible hours, evenings, services should align with need
- Meet with service providers, issues age range

PROGRAM LEVEL INTERVENTIONS

Increase in awareness of youth needs and supports

INDICATORS:

What will change? Increase in programs targeted to youth such as:-Ready to Rent program – 2 day workshop learning to rent incentives: focal and gift cards

What will change? Increase in ability to identify youth in need: identify what "youth" homelessness is -> 12-24 years? 3 homeless: street, shelter, hidden

What will change? Increasing access and awareness to community resources

Who? MCFD, ADAPS, PAFC, USMA, Health Literacy, RCMP, MSD, ACAWS, Schools, Counsellors, Educators, healthcare workers, parks and recreation, Early life

CONNECTORS

Increase Awareness of Youth Needs and Supports WHICH WILL Address Youth Homelessness

INTERVENTIONS:

1) Increasing access and awareness to community resources