BC Coalition Model - Snapshot 2022

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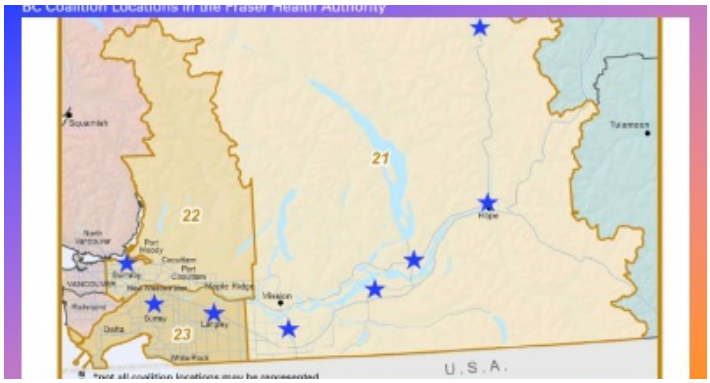
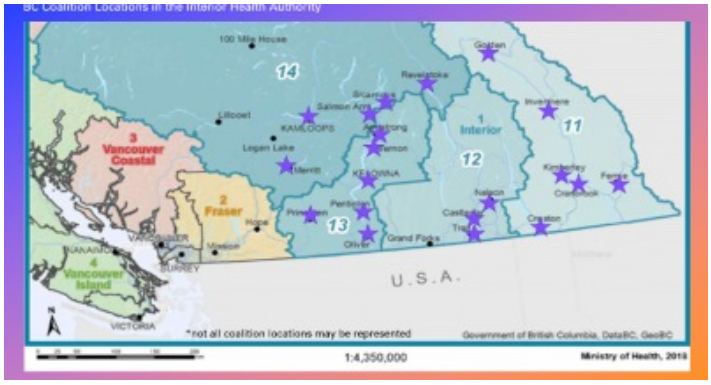
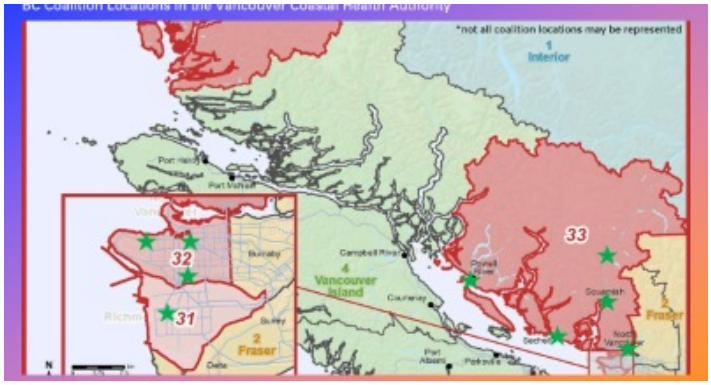
Highlights

- The BC Coalition Model is a time-tested delivery approach for the Community Action Program for Children (CAPC) in British Columbia.
- The model "grew up" alongside CAPC in BC. It was developed at the original launch of the program. As part of the solicitation process, organizations were asked to discuss and determine how best to organize themselves into coalitions.
- The model's biggest success over 30+ years is that it supports collaboration across agencies, in the areas of knowledge exchange and capacity building.
- There are 22 coalitions in BC, across 5 health authority regions. Coalitions vary in service area and membership. On average, coalitions have 4-5 members, though the largest coalition has 11 members, and the smallest has 2 members.

BC Coalition Locations by Health Authority 2022







"The coalition model has worked really well for the coalition of 9 agencies I've worked for (for 20 years now!). Our protocols have enabled us to problem solve in a collaborative way and the ongoing joint program evaluation has been invaluable – serving to have allow for ongoing monitoring and comparisons of outcomes and outputs and program improvements."

~ Fraser North Coalition Coordinator

Pillars of the BC Coalition Model

Communications Support

The BC Communications Support Project provides communications support to all of BC's CAPC Coalition Coordinators.

The project arranges training, development and networking opportunities for Coordinators and program staff across the province. These are held both in person and virtually, helping to reduce geographical barriers.

It creates networking opportunities to learn from each other's innovations, and best practices, for example in working with specific client populations, partnership development and stakeholder engagement.

The project also produces the Keeping in Touch newsletter, which shares updates on what's happening in the region in children's and maternal health programs.
https://www.keepingintouchbc.com/

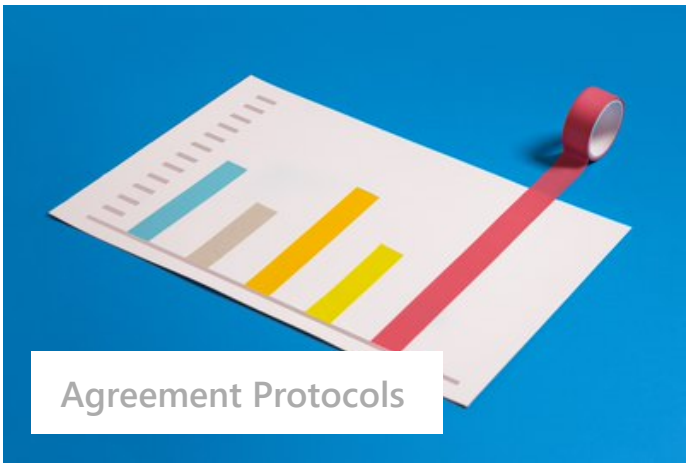
Each Coalition's host agency is responsible for financial reporting and evaluation for the whole coalition. To that end, each host agency contracts a CAPC Coalition Coordinator.

The coordinator is accountable to all members of the coalition. In some Coalitions this position is not directly employed by the host agency but is more like a consultant.

The coordinator facilitates lateral teamwork, knowledge transfer and communication between members.

The coordinator is responsible for data collection and reporting on program results across the members. This reduces administrative burden for individual members and allows for

a broader coalition perspective on changes in client populations, and emerging socio-economic issues.



Third Party Agreements are used to manage “flow through” funding from the host agency to coalition members.

The coalition jointly develops a set of protocols to set out roles and responsibilities, guide collective decision-making and data collection as well as outline program objectives and broader activities.

These protocols include a Terms of Reference, overall Work Plan and often an Evaluation Guide.

Each member also develops and updates their own individual work plan, that flows from the overall Coalition Work Plan, but which ensures autonomy in the allocation of members’ resources for programming, and flexibility to respond to the specific and changing needs of its unique participants.

The BC CAPC Coalition model has not yet been formally evaluated but based on the feedback of community partners and Public Health Agency staff over the years, the followiing observations have been made.

What Makes the Model Work

- It works best with a high level of trust and culture, developed over time, between coalition members.

- It works best with strong Coalition Coordinators who have high financial and administrative capacity and strong leadership skills.

- It works best with a clear, well-developed governance structure. Successfully negotiating and applying a Terms of Reference is key to maintaining the integrity of the Coalition. It also supports staff from multiple disciplines to resolve conflict and work together.

- It develops a body of knowledge over time that facilitates onboarding and reduces loss of organizational and community-level knowledge when there is a change in membership or staff. This collective knowledge supports the coalition to be nimble and adaptable in unexpected situations, for example covering for the loss of program staff and overall public health support, as well as altering program activities to accommodate for health and safety during the COVID-19 pandemic.

"Coalitions have been going so long, most have good relationships. The potential for positive inter-agency relationships and for trust-building is high.

If we didn't have the CAPC Coalition most of our Neighbourhood Houses would not have such positive, ongoing relationships with indigenous organizations and partners."

~ Capital Children Coalition Coordinator

What Doesn't Work About the Model

- It is not a panacea for reducing administrative and financial reporting. Administrative costs are not necessarily lower. There are additional costs associated with the Coalition Coordinator position and duties, as well as the BC Communications Support project's overarching coordination function. Data reporting is often blended and can hide red flags of specific members.

- It is not a "one-size fits all". There are members who are uncomfortable with the coalition model and prefer direct funding. Some problems include internal politics, unbalanced funding dispersion, competitive members, loss of autonomy and the host agency not addressing localized needs. Also, there are a few coalitions who have been reduced to one member over the years, which presents a new challenge of the definition of coalition and precedence.

- It is not the only successful delivery approach. For example, in Alberta the Coalition Model means something very different. Instead of groups of agencies, two organizations in Alberta received PHAC funding to serve as a Board, and support collaboration and coordination amongst agencies across the province. Other regions have also developed effective models.

- Its effectiveness can be hindered by geographical dispersion of agencies. Remote and rural areas face barriers that the model does not necessarily address, for example access to technology/internet, lack of hospitals/doctors, transportation costs, etc.

"*The Northwest of BC is a giant region stretching from Houston in the East to Prince Rupert in the West and north to Dease Lake. Travel distances to Dease Lake are 661 km one way and a 7.5 hrs. travel in good weather. Houston to Prince Rupert is 411 km or 4.5 hrs. travel.*

Imagine trying to plan an evaluation trip to one of your CAPC sites which is a full day's drive away and a full day's drive back. You work only 24 hrs. a week. This site hasn't had a full on-site evaluation visit in 2 years. How do you make this work and manage to do the rest of your work as well?"

~ Northwest Coalition Coordinator